



THE EIGHTY-NINTH  
**ANNUAL REPORT**  
UPON THE  
**HEALTH OF LEICESTER**  
FOR THE YEAR 1937

BY

E. K. MACDONALD, M.D., B.S., D.P.H.


MEDICAL OFFICER OF HEALTH.

**APPENDICES**

- I. REPORT of the TUBERCULOSIS OFFICER.
- II. REPORT on the ISOLATION HOSPITAL AND SANATORIUM.
- III. REPORT on the CITY GENERAL HOSPITAL.
- IV. REPORT on the ORTHOPAEDIC DEPARTMENT.
- V. REPORT of the MATERNITY and CHILD WELFARE MEDICAL OFFICER.
- VI. REPORT of the CITY ANALYST.
- VII. REPORT of the CHIEF SANITARY INSPECTOR.
- VIII. REPORTS of the VENEREAL DISEASES MEDICAL OFFICERS.
- IX. FINANCIAL TABLES.

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# CITY OF LEICESTER

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## HEALTH COMMITTEE

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### Chairman.

ALD. G. PARBURY.

### Vice-Chairman.

DR. ASTLEY CLARKE, J.P.

THE LORD MAYOR.  
MR. ADAMS, J.P.  
MR. COOPER.  
" CORT.  
MISS FORTEY, J.P., B.Sc.  
MISS FRISBY, J.P.  
ALD. HAND, J.P.

MR. HARRIS.  
" HARRISON, J.P.  
" JACKSON.  
" C. E. KEENE.  
" MOORE.  
" PENTNEY.  
" RICHARDS.

MR. RUSSELL.  
" SIMPKINS.  
MRS. SIMPSON, J.P.  
MR. SUTTON.  
MRS. SWAINSTON.  
" WARNER, J.P.  
ALD. WILFORD, J.P.

The Committee meets on the 2nd and 4th Friday in each month in the Committee Room, Town Hall, at 3.30 p.m.

The Health Committee, together with the following co-opted members, not being members of the City Council, constitute the Statutory Maternity and Child Welfare Committee :—Mrs. Banton, Mrs. Taylor, Miss E. J. Windley, B.A.

### Accounts Sub-Committee.

MR. RICHARDS.  
" RUSSELL.

MRS. SWAINSTON.

### Health Inspection Sub-Committee.

MR. CORT (Chairman).  
DR. ASTLEY CLARKE.  
MR. ADAMS.  
" COOPER.  
MISS FORTEY.  
" FRISBY.

MR. JACKSON.  
" C. E. KEENE  
" MOORE.  
ALD. PARBURY.  
MR. SUTTON  
MRS. WARNER.

### Isolation Hospital and Dispensary and Venereal Diseases Sub-Committee.

MR. HARRISON (Chairman).  
DR. ASTLEY CLARKE.  
MR. COOPER.  
" CORT.  
MISS FORTEY.  
MR. JACKSON.

MR. C. E. KEENE.  
ALD. PARBURY.  
MR. RICHARDS.  
" RUSSELL.  
MRS. SWAINSTON.  
ALD. WILFORD.

### ISOLATION HOSPITAL SUB-COMMITTEES.

#### Grounds.

MR. COOPER (Chairman).  
DR. ASTLEY CLARKE.  
MR. CORT.  
" HARRISON.

MR. JACKSON.  
ALD. PARBURY.  
MR. RICHARDS.

#### Purchasing.

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MISS FORTEY.  
MR. HARRISON.

MR. C. E. KEENE.  
ALD. PARBURY.  
MR. RICHARDS.

#### " Home Place " Management.

ALD. WILFORD (Chairman).  
DR. ASTLEY CLARKE.  
MR. CORT.

ALD. PARBURY.  
MRS. SWAINSTON.

#### Assessments.

DR. ASTLEY CLARKE.  
MR. COOPER  
" CORT.

MR. HARRISON.  
ALD. PARBURY.  
MR. SUTTON.

### **Maternity and Child Welfare Sub-Committee.**

MISS FORTEY (Chairman).	MRS. SIMPSON.
DR. ASTLEY CLARKE.	„ BANTON.
MISS FRISBY.	„ TAYLOR.
ALD. PARBURY.	Miss WINDLEY.
MR. PENTNEY.	

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MRS. SIMPSON.	Miss WINDLEY.
---------------	---------------

### **Maternity Home and Day Nursery Management Sub-Committee.**

ALD. HAND (Chairman).	MR. PENTNEY.
DR. ASTLEY CLARKE.	MRS. SIMPSON.
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„ FRISBY.	„ TAYLOR.
MR. C. E. KEENE.	Miss WINDLEY.
ALD. PARBURY.	

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DR. ASTLEY CLARKE.	„ C. E. KEENE.
MR. CORT.	„ RICHARDS.
MISS FORTEY.	MRS. SWAINSTON.
ALD. HAND.	ALD. WILFORD.

### **City General Hospital Sub-Committee.**

DR. ASTLEY CLARKE (Chairman).	MR. C. E. KEENE.
MR. COOPER.	ALD. PARBURY.
„ CORT.	MR. RICHARDS.
MISS FORTEY.	MRS. SIMPSON.
„ FRISBY.	„ SWAINSTON.
MR. HARRISON.	„ WARNER.
„ JACKSON.	

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#### **Assessments.**

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MR. COOPER.	ALD. PARBURY.

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MISS FORTEY.	MR. RICHARDS.
„ FRISBY.	MRS. SIMPSON.
MR. HARRISON	„ WARNER.

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MR. COOPER.	ALD. PARBURY.

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MR. COOPER.	„ SUTTON.
„ CORT.	MRS. WARNER.
Miss. FORTEY	

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MR. COOPER.	MR. RUSSELL.
„ CORT.	„ SUTTON.
MISS FORTEY.	ALD. WILFORD.
„ FRISBY.	



# Staff of the Health Department

(As constituted January, 1938.)

## Medical Officer of Health.

E. K. MACDONALD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

## Deputy Medical Officer of Health and Tuberculosis Officer.

WYVILLE S. THOMSON, M.D., D.P.H.

## Secretary.

WILFRID CARR, F.C.C.S.

## Medical Officers in Charge of Departments.

Medical Superintendent, City General Hospital .. E. C. HADLEY, M.D., F.R.C.S.E.  
Medical Superintendent, City Isolation Hospital .. J. C. H. MACKENZIE, M.D., D.P.H.  
Medical Officer for Maternity and Child Welfare .. E. B. B. HUMPHREYS, M.B., Ch.B.  
Pathologist .. .. . E. M. WARD, M.B., B.S.

## Assistant Medical Officer.

Assistant Tuberculosis Officer .. .. . E. G. LAWRIE, M.B., Ch.B.

## Assistant Medical Officers (and Assistant School Medical Officers.)

K. McALPINE, M.B., Ch.B. JANET M. DONE, M.D., D.P.H.  
J. H. STRITCH, M.D., D.P.H. PAULINE K. HEARTH, M.B., B.Ch.,  
B.A.O., D.P.H.  
GLADYS RANDALL, M.B., B.S., D.P.H. C. A. McPHERSON, M.B., Ch.B., D.P.H.  
HILDA L. BYETT, M.B., B.S., D.P.H.

## City General Hospital.

Deputy Medical Superintendent, A. P. M. PAGE, M.D., M.R.C.P.  
Three Resident Medical Officers.

## City Isolation Hospital and Sanatorium.

Three Resident Medical Officers.

## Consultant Medical Officers (all Departments).

Physicians	..	..	..	..	..	{ J. V. C. BRAITHWAITE, M.D., F.R.C.P. R.M. CAIRNS, M.D., Ch.B. J. P. W. JAMIE, M.A., M.D., B.Ch. T. C. CLARE, M.D., F.R.C.S., M.C.O.G. E. R. FRIZELLE, M.D., F.R.C.S. L. MORRIS, M.D., F.R.C.S. N. E. KENDALL, F.R.C.S. A. L. McCURRY, M.D., B.Ch. T. W. ALLEN, B.A., M.B., D.C.O.G. D. F. LAWSON, M.A., M.B., B.Ch., D.M.R.E. F. A. E. SILCOCK, M.D., D.P.H. D. JUSTIN DAVIES, M.B., D.A. (Mrs.) P. MASON, M.R.C.S., L.R.C.P. C. H. WILKIE, M.B., B.Sc. H. N. C. ATKINSON, M.R.C.S., L.R.C.P. (Miss) BESSIE SYMINGTON, M.D., B.S. (Mrs.) M. NEWTON-DAVIS, M.B., B.S. A. J. L. SPEECHLEY, M.R.C.S., L.R.C.P. J. W. FORDHAM, M.R.C.S., L.R.C.P. No. 1. A. MORRICK, M.B., Ch.B. 2. A. J. L. SPEECHLEY, M.R.C.S. L.R.C.P.
Surgeons	..	..	..	..	..	{
Orthopaedic Surgeon	..	..	..	..	..	{
Ear, Nose and Throat Surgeon	..	..	..	..	..	{
Ophthalmic Surgeon	..	..	..	..	..	{
Obstetric Surgeon (to Westcotes)	..	..	..	..	..	{
Radiologist	..	..	..	..	..	{
Dermatologist	..	..	..	..	..	{
Anaesthetists	..	..	..	..	..	{
Venereologists	..	..	..	..	..	{
Public Vaccinators	..	..	..	..	..	{
District Medical Officers	..	..	..	..	..	{
Asst. Medical Officer to Swain St. Institution	..	..	..	..	..	{

## Matrons.

City General Hospital .. .. . Miss N. N. CLAYE, S.R.N., S.C.M., D.N.  
City Isolation Hospital .. .. . " B. NESBITT, S.R.N.  
Westcotes Maternity Home .. .. . " E. BRADSHAW, S.R.N., S.C.M.  
Day Nursery .. .. . " F. BERKSON, S.R.N., S.C.M.  
"Home Place," Holt .. .. . " R. E. FRY.

## Engineer to Health Department.

R. H. LETCHFORD.

## Public Analyst's Laboratory.

<i>Public Analyst</i>	..	..	..	..	..	F. C. BULLOCK, B.Sc., F.I.C.
<i>Assistants</i>	..	..	..	..	..	{ J. L. PINDER, B.Sc., A.I.C. J. SMART. P. G. WRIGHT.

## Sanitary Inspectors.

<i>Chief Inspector</i>	..	..	..	..	..	F. G. McHUGH, 1 3 4 5
<i>Deputy Chief Inspector</i>	..	..	..	..	..	A. T. PRICE, 1 3

### *Inspectors—*

R. T. BLAYLOCK, 1 3 4 7	F. W. MURRAY, 7 8
T. W. BERESFORD, 2 3	W. MUSTON, 1 3
F. BURKE, 2 3	J. W. NORTH, 1 3
H. BURLEY, 2 3	E. OWEN, 2 3
H. CLOUGH, 1 3	W. J. PARKINSON, 1 3 6
M. C. CRIPPS, 1 3	G. V. PENN, 2 3
H. ELKINGTON, 3 5	A. SMITH, 2 3 4 15
R. V. FIDDES, 1 3	E. THOMPSON, 1 3
G. H. FYFE, 2 3	A. G. WATKIN, 2 3
W. J. GETGOOD, 1 3 4	G. H. WATMOUGH, 1 3
T. HINES, 1 3	A. WELTON, 1 3
C. JONES, 1 4 7	J. WRIGHT, 2 3
W. C. LONG, 1 3	J. YATES, 1 3
A. McCARTNEY, 2 15	

## Health Visitors.

<i>Superintendent..</i>	..	..	..	..	..	MRS. REED, 9 10
-------------------------	----	----	----	----	----	-----------------

### *District Health Visitors—*

MISS M. ASH, 9 11 12 13	MISS M. D. LLOYD, 9 11 12 13
„ L. CHAMBERS, 9 11 13	„ D. L. MALLISON, 9 11 12 13
„ M. CONLON, 9 11 12 13	„ J. G. MASTERS, 9 10
„ E. M. CRAGG, 9 10 11 13	„ E. MYCOCK, 9 10 11 13
„ H. M. DENSHAM, 9 11 12 13	„ S. H. G. PAYNE, 9 11 12 13
„ G. M. HARRINGTON, 9 11 12 13	„ H. E. RICH, 9 11 12 13
„ H. HIRD, 9 12	„ M. R. WHITE, 9 11 12 13
„ A. KAVANAGH, 9 11 12 13	„ E. WILFORD, 9 11 13
„ F. KEYNES, 9 11 12 13	„ E. L. WOLLASTON, 9 11 13
„ B. M. LANGTON, 9 11 12 13	„ M.E.WOOLCOCK, 9 11 12 13

<i>Manageress of Milk Depot</i>	..	..	..	..	..	MRS. E. STANION, 10
---------------------------------	----	----	----	----	----	---------------------

<i>Tuberculosis Nurses</i>	..	..	..	..	{	MISS F. BEASLEY, 9 11 13
					„	„ E. MOUND, 9 11 13
					„	„ C. NEILL, 11

1. Holds Sanitary Inspector's Certif. Roy. San. Inst.
2. Holds Royal Sanitary Institute and Sanitary Inspectors Exam. Joint Board Certificate.
3. Holds Meat and Food Inspector's Certif. Roy. San. Inst.
4. Holds Certif. of Roy. San. Inst. for San. Science as applied to Buildings and Public Works.
5. Holds Sanitary Inspector's Certif. under Public Health (London) Act, 1891.
6. Holds Sanitary Inspector's Certif. San. Inspector's Assocn.
7. Holds Certif. of Royal San. Assocn. of Scotland for Meat Inspection.
8. Holds Certif. of Royal San. Assocn. of Scotland for Sanitary Science.
9. Holds Certif. of the Central Midwives' Board.
10. Holds Health Visitors' Certif. of the Roy. San. Inst.
11. Holds Certif. as fully Trained Nurse.
12. Holds Health Visitors' Certificate.
13. Holds State Registered Nursing Certificate.
14. Holds the Royal Sanitary Association of Scotland (Sanitary Science) Certificate.
15. Holds Liverpool University Certificate of Competency as Meat and Food Inspector.

Municipal Midwives.

Area No 1. Saffron Lane.

MRS. COPSON, S.C.M., 511, Saffron Lane	..	..	..	..	..	Tel No .	32374
MRS. DODSON, S.C.M., 2, Burnaston Road	..	..	..	..	..	"	32172
MISS GREEN, S.C.M., 2, Burnaston Road	..	..	..	..	..	"	32172
MRS. KINGHAM, S.C.M., 8, Uplands Road	..	..	..	..	..	"	32473

Area No. 2. Braunstone.

MISS HOPKINS, S.C.M., 39, Hallam Crescent E.	..	..	..	..	..	"	34398
MISS KNOTT, S.C.M., S.R.N, 53, Erdyngton Road	..	..	..	..	..	"	88114
MRS. RITCHIE, S.C.M., 291, Gooding Avenue	..	..	..	..	..	"	88598

Area No. 3. Western.

MISS CONWAY S.C.M., S.R.N., 42, Glenfield Road	..	..	..	..	..	"	65476
MISS McCAULL, S.C.M., 13, Braunstone Avenue	..	..	..	..	..	"	22323

Area No. 4. Central.

MISS ELLIOTT, S.C.M., S.R.N., 47, Princess Road	..	..	..	..	..	"	65475
MRS. LEDGER, S.C.M, 205, Birstall Street	..	..	..	..	..	"	20502
MISS MANSFIELD, S.C.M., 26, Windermere Street	..	..	..	..	..	"	22151
MISS E. SMITH, S.C.M., 119, Highcross Street	..	..	..	..	..	"	88535

Area No. 5. Northern.

MRS. CLARKE, S.C.M., "Har-Treviann," Canon Street Extension	..	..	..	..	..	Tel. No. "	61483
MRS. FEARN, S.C.M., 13, Perseverance Road, Birstall	..	..	..	..	..	Tel. No. Birstall	354
MRS. HOWARD, S.C.M., 52, Kerrysdale Avenue	..	..	..	..	..	Tel. No.	61646
MRS. PAYNE, S.C.M., S.R.N., 7, Gipsy Road	..	..	..	..	..	"	61653

Area No. 6. Humberstone.

MRS. RIMMINGTON, S.C.M., 18, Mallory Place	..	..	..	..	..	"	
--	----	----	----	----	----	---	--

Area No. 7. Spinney Hill.

MRS. HURD, S.C.M., S.R.N., 34, Diseworth Street	..	..	..	..	..	"	65481
MRS. E. E. SMITH, S.C.M., 12, Dashwood Road	..	..	..	..	..	"	24979

Area No. 8. Stoneygate and Evington

MISS HARDING, S.C.M., 224, Welford Road	..	..	..	..	..	"	78124
---	----	----	----	----	----	---	-------

Clerical Staff.

Chief Clerk, Sanitary Office	..	..	..	..	T. P. POYNOR.
------------------------------	----	----	----	----	---------------

General Clerks—

F. KELLETT.	Miss D. R. POTTERTON.	Miss E. E. BATTLE.
E. SLINGSBY.	" E. WHITWELL.	" G. HADDON.
G. H. SEAL.	" V. DAWN.	" D. I. MITCHELL
R. FIELDMAN.	" V. NETHERCOT	" D. SMITH.
D. BOUGHTON	" I. M. GREEN	

Tuberculosis Dispensary	..	..	..	..	{ Miss J. HEATON.
					" R. BREWARD.

Isolation Hospital and Sanatorium	..	..	..	..	{ Miss V. ALLSOP.
					" M. F. HALE.
					" J. MIDDLETON

City General Hospital—

Steward	..	..	..	..	..	E. H. BALL.
Asst. Steward	..	..	..	..	..	S. WHATSIZE.

Clerks	..	..	..	..	..	{ L. HEATHERLEY.
						Miss E. M. BRADSWORTH.
						" M. L. READ.
						" P. B. HIGGINS.
						" J. GUILLAIN.
						" M. WENLOCK.

Milk Depot	..	..	..	..	..	{ MRS. BREWIN.
						Miss A. JESSON.

Vaccination Officer	..	..	..	..	J. H. LOCKWOOD
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# SUMMARY OF STATISTICS

FOR THE YEAR 1937.

## CITY OF LEICESTER.

Population at Census, 1931 .. .. .	239,169
„ (estimated) at Mid-year 1937 .. .. .	262,900
Marriages .. .. .	2,284
Births (corrected) .. .. .	3,807
Birth-rate .. .. .	14.48
Deaths (corrected for transferable deaths) .. .. .	3,275
Death-rate .. .. .	12.46
(Standardised death-rate=12.71)	
Deaths under One Year .. .. .	238
Infant Mortality (per 1,000 Births) .. .. .	62.52
Maternal Mortality (per 1,000 total births) .. .. .	1.27
Zymotic-rate (per 1,000 population) .. .. .	0.75
Respiratory-rate „ „ .. .. .	1.22
Cancer-rate „ „ .. .. .	1.43
Tuberculosis-rate „ „ .. .. .	0.97
Phthisis-rate „ „ .. .. .	0.82
Correction Factor (R.G ) .. .. .	1.02

Area of City (in acres) as extended April, 1935 .. .. .	16,979
Number of persons per acre at Census, 1931 .. .. .	27.9
Number of persons per “structurally separate dwelling” at Census, 1931 .. .. .	3.80
Number of Inhabited Tenements, January, 1938 .. .. .	77,303
Number of Empty Houses, January, 1938 .. .. .	581
Number of Empty Cottages, January, 1938 .. .. .	761
Rateable value (1937-1938) .. .. .	£1,964,327
General Rate for the year, 1937-1938 .. .. .	13s. 9d. in the £
Produce of 1d. Rate (for 1936-1937) net .. .. .	£7,598

	England & Wales	125 County Boro's and Great Towns including London	London Adminis- trative County
Birth-rate .. .. .	14.9	14.9	13.3
Death-rate .. .. .	12.4	12.5	12.3
Infant Mortality (per 1,000 Births .. .. .	58.0	62.0	60.0

(Registrar General's Figures.)

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*To the Chairman and Members of the Health Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report on the Health of the City of Leicester for the year 1937.

**Alderman W. E. Hincks, O.B.E., J.P.**

At the outset of this Report it is desired to place on record the great loss sustained by the City of Leicester and by the City Health Service in the death of Mr. Alderman W. E. Hincks, O.B.E., J.P., on the 20th November, 1937.

Alderman Hincks had been a member of the City Council since 1900, and Chairman of the Health Committee since 1925. His interest in the affairs of the Health Department was well known and during his years of service he exerted an influence so beneficial and so profound on the work of the Department that his Chairmanship will remain a lasting and happy memory in the minds of all who had the honour to serve under him.

### **Statistics.**

The population of the City at the middle of 1937 was estimated at 262,900, an increase of 1,100 on that for the previous year.

The birthrate was practically the same as for 1936, but the death and infantile mortality rates were somewhat higher. In the case of the death-rate, the increase would appear to be due to the influenza epidemic in late January, which also adversely affected the tuberculosis death-rate. The increase in the infantile mortality rate was due to the larger number of deaths in male children, resulting from congenital causes.

Discussion on these points will be found in the body of the Report.

The brightest spot, as far as mortality rates are concerned, is the continued improvement in the maternal mortality rate, which easily achieved a low record for the City. It will be amazing and a cause for great satisfaction if this rate continues at this low level.



## **Water Supply.**

The prominence given recently to the importance of a pure water supply makes it desirable that special mention should be made of the position in the City in this respect.

The water supply of Leicester is entirely satisfactory. (See page 43.)

## **Slum Clearance.**

Substantial progress has been made during 1937. 1,382 houses were condemned during the year, making a grand total up to the end of 1937, of 3,155 houses condemned, with a population of 10,608.

1,709 families have now been moved into new houses. (See page 50.)

The abatement of overcrowding continued satisfactorily during the year. (See page 52.)

## **Infectious Disease.**

Epidemics of influenza, measles and diphtheria occurred during the year. The influenza epidemic was of a severe type and was responsible for many deaths.

Diphtheria was also prevalent and of a very severe type. Full discussion will be found on page 89.

During the year the scheme for the prevention of diphtheria by immunisation methods was brought into operation. A full description of the scheme and its results up to the end of 1937 will be found on page 21. The matter is so important that the following summary is inserted here :—

Approximately 3,000 children were given a full course of injections between 1st May and the 31st December. Of these 3,000 children, six, or one in 500, subsequently contracted diphtheria. In each case the disease was very mild although the infective organism in the majority of cases was of the most severe type. No child died. The children not immunised contracted about seven times as much diphtheria proportionately to their numbers as did the children immunised. Twenty non-immunised children died. It is reasonable to assume that none of these children would have died had they been properly immunised.



## **Isolation Hospital.**

The new Nurses' Home was opened on the 15th September, 1937. It is a much admired asset to the hospital.

The scheme for other extensions has progressed and it is hoped these new buildings will be in use before the end of 1938. The shortage of accommodation for tubercular patients has been serious during 1937.

## **City General Hospital.**

A feature of the year's work has been the popularity of the Maternity Unit. This has necessitated the closure of the old block and the equipment of Ward 10 as a Maternity Unit.

The shortage of nurses during the year, noted in previous reports, has become more acute. It is partly due to lack of adequate accommodation for the staff. Temporary provision is being made and full details as to the main scheme of extensions will be found in the Report, page 113.

## **Maternity and Child Welfare.**

The year was an important one in that a whole-time medical service came into operation for the clinics. One new infant welfare clinic, a toddlers' clinic and four new antenatal clinics were started.

The Midwives' Act, 1936, with its promise of improved midwifery, came into force in July.

A full summary of these and other matters of importance will be found on page 156, and in the report of the Medical Officer for Maternity and Child Welfare. Page 159, *et seq.*

## **Pasteurisation of Milk.**

The importance of a safe milk supply cannot be over-estimated. Milk is the food of the population at its most vulnerable period. As a corollary, pasteurisation of milk if advised must be adequate and properly done or else it is worse than useless. In the Phosphatase test we have a test which gives an indication of the correctness or otherwise of the pasteurising process. By the continued use of this test, the department has been enabled to improve the safeness of pasteurised milk enormously. (See page 194.)

## Venereal Disease Department.

Dr. Symington, who had been connected with the City Health Services for many years, resigned early in 1938. I take this opportunity of expressing our appreciation of the excellent services rendered by her during the years.

Finally, before completing this opening letter to the Report for 1937, I would like again to place on record my appreciation of the devoted service given by every member of the Staff of the Department during the year.

To you, Sir, and to every Member of the Health Committee, I wish to express my thanks for your continued interest and support.

I am,

Ladies and Gentlemen,

Your obedient Servant,

E. K. MACDONALD, M.D., B.S., D.P.H.,  
*Medical Officer of Health.*

Health Department,  
Grey Friars,  
Leicester.

*25th May, 1938.*

SECTION A.

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Statistics and Social  
Conditions





# **ANNUAL REPORT, 1937**

(The Report takes the form requested by the Ministry of Health in Circular 1650.)

## **SECTION A.**

### **Statistics and Social Conditions of the Area**

The City of Leicester lies in the centre of England, in the middle of an agricultural district. The situation of the City is important for many reasons but probably the most important from the point of view of health is that as there is no large town within many miles and the real countryside is only three or four miles from the centre of the City, no smoke-laden clouds reach us from our neighbours and the atmosphere is proportionately cleaner.

Leicester is a prosperous city, the staple industries, hosiery and boots and shoes, providing a large volume of employment. So that although there is a certain amount of unemployment, it does not reach the unfortunate proportion met with in some parts of England.

#### **Comments on the Vital Statistics.**

##### **General Note.**

The Registrar General estimates that the population of the City for mid-year 1937 was 262,900. This shows a small increase of 1,100 over the population estimated for 1936.

##### **Births.**

The corrected number of births for the year was 3,807 (M. 1,904, F. 1903) compared with 3,786 for 1936 and 3,571 for 1935. The birth rate was 14.48 compared with 14.46 for 1936 and 13.94 for 1935.

TABLE 1.—Vital Statistics of whole District during 1937 and previous years. City of Leicester.												
YEAR.	Population estimated to middle of each year, revised in light of 1921 and 1931 Census. (2)	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number. (3)	Net.		Number. (6)	Rate. (7)	Of Non-residents registered in the District. (8)	Of Residents not registered in the District. (9)	Under 1 Year of Age.		At all Ages.	
			Number. (4)	Rate. (5)					Number. (10)	Rate per 1000 Net Births. (11)	Number. (12)	Rate (13)
(1)												
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,240	4729	4646	19.50	2675	11.22	181	544	408	87.8	3038	12.71
1923	238,580	4647	4593	19.25	2396	10.04	182	560	386	84.0	2774	11.63
1924	238,920	4466	4380	18.33	2511	10.50	218	638	346	77.4	2931	12.27
1925	239,260	4316	4197	17.54	2709	11.32	212	637	368	87.6	3134	13.10
1926	239,600	4268	4119	17.19	2542	10.60	214	649	319	77.4	2977	12.42
1927	239,940	4124	3965	16.53	2657	11.07	273	660	298	75.1	3044	12.69
1928	240,280	4216	3988	16.60	2395	9.96	268	621	282	70.7	2748	11.44
1929	240,620	4044	3747	15.57	2946	12.24	277	748	301	80.3	3417	14.20
1930	240,960	4171	3872	16.07	2345	9.73	204	603	216	55.7	2744	11.39
1931	241,300	3950	3684	15.28	2673	11.09	342	653	235	63.7	2984	12.38
1932	240,800	3846	3583	14.88	2686	11.15	349	685	251	70.0	3022	12.55
1933	241,500	3532	3242	13.42	2750	11.39	356	689	242	74.65	3082	12.77
1934	241,100	3749	3417	14.17	2478	10.28	335	688	180	52.68	2831	11.74
1935	261,000	4025	3571	13.94	3075	12.07	340	239	212	59.37	2974	11.61
1936	261,800	4322	3786	14.46	3327	12.71	360	63	221	58.37	3030	11.57
1937	262,900	4420	3807	14.48	3651	13.89	445	69	238	62.52	3275	12.46
Number of inhabited houses, January, 1938		..		77,303		Area of District in acres (exclusive of						
Average number of persons per house, Census, 1931		..		3.79		area covered by water) ..		.. .. 16,979				
NOTE.—This Table has been filled in, in accordance with the instructions given on the form supplied by the Ministry of Health.												



TABLE 2.

**LEICESTER BOROUGH.**

Showing estimated Population, Birth-rates, and Death-rates  
(General and Zymotic) per 1000 living during the last 38 years,  
1900-1937.

Year. (1)	Estimated Population. (2)	Birth Rate. (3)	Death Rate. (4)	Zymotic (Death) Rate. (5)	Infant Mortality. (6)
1900	208,600	29.7	17.8	3.6	174.1
1901	212,498	29.0	15.7	2.3	178.0
1902	213,974	29.5	14.8	1.5	153.3
1903	215,461	27.9	14.2	1.4	161.3
1904	216,958	27.5	15.0	2.0	161.1
1905	218,464	26.9	14.0	1.6	146.5
1906	219,980	26.6	15.1	2.4	166.2
1907	221,508	24.9	13.4	.9	130.1
1908	223,046	25.4	13.9	1.6	129.7
1909	224,595	24.1	14.0	1.3	126.6
1910	226,154	23.7	12.4	.7	126.3
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	21.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5

The above figures have been revised in the light of the census figures of the different census years. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 33

Showing the Population, Birth-rates, Death-rates, Zymotic Death-rates

NAME OF TOWN	Population as estimated by the Registrar General Mid-1937	Compara- bility Factor	Per 1,000 Population		Death Rate as adjusted by Factor	DEATH RATES		
			Birth Rate	Crude Death Rate		Small- pox	Measles	Scarlet Fever
1. BIRMINGHAM ..	1,029,700	1.10	16.3	11.7	12.9	—	0.07	0.01
2. BRADFORD ..	289,510	1.00	13.85	14.74	14.74	—	0.01	0.01
3. BRISTOL ..	415,100	0.98	14.46	11.44	11.21	—	0.00	00.0
4. CARDIFF ..	220,200	1.06	15.4	12.6	13.3	—	0.05	0.01
5. COVENTRY ..	204,700	1.21	15.7	10.44	12.63	—	0.02	—
6. HULL .. ..	319,400	1.10	18.2	12.6	13.8	—	0.13	0.01
7. LEEDS .. ..	491,880	1.07	14.80	13.36	14.30	—	—	0.01
8. LEICESTER ..	262,900	1.02	14.48	12.46	12.71	—	0.04	—
9. LIVERPOOL ..	836,300	1.15	19.3	13.2	15.2	—	0.14	0.01
10. MANCHESTER ..	736,500	1.14	14.31	13.52	15.41	—	0.06	0.01
11. NEWCASTLE ..	290,400	1.13	16.5	13.3	15.03	—	0.05	—
12. NOTTINGHAM	278,800	1.03	15.96	13.44	13.84	—	0.08	—
13. PORTSMOUTH ..	256,200	0.99	14.88	11.50	11.38	—	0.02	0.02
14. SHEFFIELD ..	518,200	1.13	15.37	12.53	14.16	—	0.02	—
15. STOKE-on-TRENT	278,200	1.22	16.7	13.1	16.0	—	0.04	0.03
16. SUNDERLAND ..	182,900	1.12	19.7	14.0	15.7	—	0.11	0.03



Maternal Mortality, etc., in 16 Large Towns for the year 1937.

PER 1,000 POPULATION FROM :—							Infantile Mortality Rate	MATERNAL MORTALITY (per 1,000 Total Births)		
Whooping Cough	Diphtheria	Typhoid and Para- typhoid	Diarrhoea (under 2 years)	Influenza	Tuberculosis			From Sepsis	From Other Causes	Total
					Pulmonary	Other Forms				
0.03	0.08	—	0.08	0.40	0.72	0.08	60	0.74	2.22	2.96
0.04	0.17	0.01	0.11	0.48	0.65	0.12	70	0.95	1.67	2.62
0.04	0.02	0.00	0.02	0.25	0.67	0.13	46	1.12	2.41	3.53
0.03	0.09	0.01	0.08	0.22	0.82	0.17	65	0.85	2.82	3.67
0.03	0.03	0.00	0.09	0.36	0.59	0.15	49	0.30	2.76	2.96
0.02	0.18	—	0.19	0.37	0.92	0.20	77	0.83	1.65	2.48
0.04	0.09	0.01	—	0.37	0.72	0.11	67	0.79	1.45	2.24
0.04	0.08	—	0.08	0.45	0.82	0.14	63	1.27	—	1.27
0.14	0.17	0.02	0.20	0.26	0.79	0.13	82	0.58	1.73	2.31
0.07	0.12	—	0.11	0.40	0.88	0.15	76	1.34	2.85	4.19
0.09	0.08	—	0.28	0.35	0.93	0.19	91	1.00	3.21	4.21
0.03	0.03	0.01	0.18	0.43	0.84	0.15	80	0.87	1.95	2.82
0.04	0.05	0.01	0.08	0.22	0.55	0.07	44	—	1.51	1.51
0.01	0.08	—	0.05	0.52	0.69	0.11	55	1.57	1.81	3.37
0.06	0.12	—	0.16	0.52	0.80	0.14	81	0.84	3.75	4.59
0.02	0.11	0.01	0.49	0.58	0.80	0.23	85	1.06	2.39	3.45

### **Infantile Mortality.** (See Graph I and Table 21.)

The rate for 1937 was 62.52. This is calculated on the number of infants dying before reaching one year of age per 1,000 live infants born. The rate for 1936 was 58.37. The apparent cause for this increase is discussed below.

Analysing the incidence and causes of death we find (1) that 144 boy babies died as against 94 girl babies out of practically an equal number of births. This increased sex incidence does not appear to be due to any one cause, for an examination of the individual causes of death indicates a preponderance of male deaths in almost every instance, especially in those due to congenital causes, and (2) that as compared with 1936 there was a definite increase in the number of male deaths occurring from congenital causes.

The increased incidence in this particular class of death accounts entirely for the extra number of deaths that occurred in 1937 as compared with 1936. This is especially interesting as the problem of these neo-natal deaths, as has been emphasised in previous years, is bound up with that of maternal mortality. In 1937, however, the City achieved a very excellent record for maternal mortality, with not one single death from causes described as "other puerperal causes." (See below).

It would appear that some additional factor may be at work of which we have little or no knowledge and the matter will be further investigated.

The subject is also discussed in the report of the Medical Officer for Maternity and Child Welfare. (See page 155).

### **Stillbirths.**

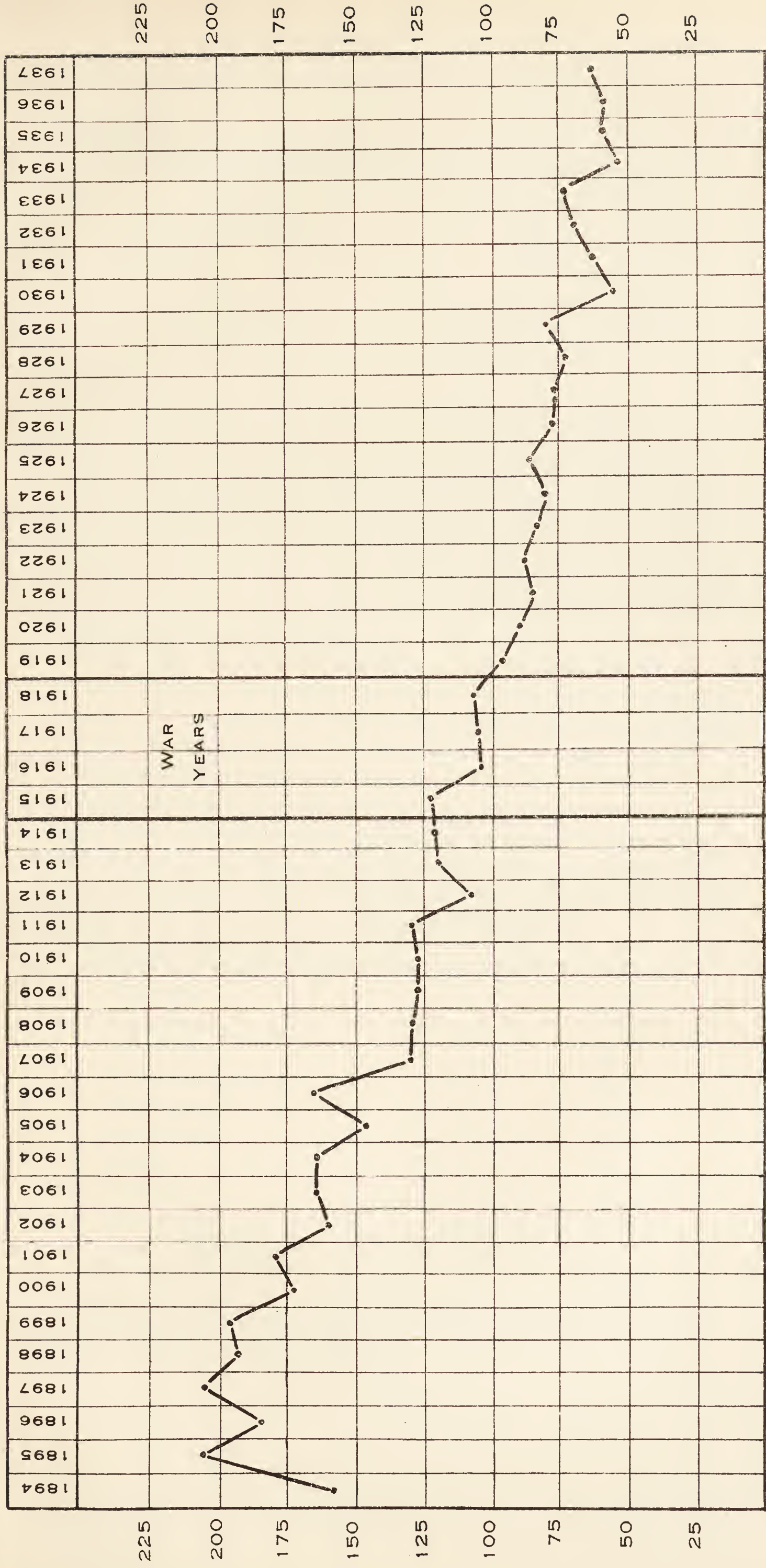
The number of stillbirths, as given by the Registrar-General, was 129, or 3.4 per cent. of the total births, compared with 137, or 3.5 per cent., in 1936.

### **Illegitimacy.**

The corrected number of illegitimate births, including stillbirths, was 192, equal to 5.0 per cent. of the total births. The figure for 1936 was 4.6 per cent.



INFANT MORTALITY, ANNUAL RATES IN LEICESTER. 1894-1937



FOR ACTUAL FIGURES SEE TABLE 10





## Marriage.

The number of marriages solemnised in Leicester was :—

					(1936)
Church of England	..	..	1,231	1,260	
Elsewhere	..	..	1,053	1,031	
Total..	..	..	2,284	2,291	

N.B.—These figures do not include the extended City boundaries.

## Deaths.

The corrected number of deaths which occurred during 1937, was 3,275, namely, 1,641 males and 1,634 females. The death-rate per 1,000 of the estimated population was 12.46, compared with 11.57 in 1936.

It is necessary to correct this rate still further by multiplying it by the comparability factor for the area as estimated by the Registrar-General, which was 1.02 as in previous years. The standardised death-rate for Leicester for 1937 was, therefore, 12.71. This is the rate that should be used in comparing the condition of affairs in Leicester with other Cities. (See Table 3).

Before leaving consideration of the death-rate, it is necessary to try and determine, if possible, the reason why the rate is higher than in 1936. This is shown in detail in the Table of the causes of death, on page 14, but briefly, the following facts may be noted here :—

In January, and partly in February, 1937, a severe outbreak of influenza occurred. Though there was no increase in the number of deaths from pneumonia, many persons died from the influenza itself, and a large number from such sequelae of influenza as heart disease. These two causes of death, influenza and heart disease, between them practically account for all the increased incidence.

### Standard Death-Rates for Certain Midland Boroughs.

Worcester	..	..	..	..	12.5
Coventry	..	..	..	..	12.6
<b>Leicester</b>	..	..	..	..	<b>12.7</b>
Wolverhampton	..	..	..	..	12.8
Birmingham	..	..	..	..	12.9
Smethwick	..	..	..	..	13.2
Derby	..	..	..	..	13.4
Walsall	..	..	..	..	13.4
Nottingham	..	..	..	..	13.8
West Bromwich..	..	..	..	..	14.1
Stoke-on-Trent	..	..	..	..	16.0

It will be noted that Leicester though not first this time, nevertheless occupies a favourable position.

TABLE 4.  
MUNICIPAL WARDS. VITAL STATISTICS, 1937.

WARD. (1)	*No. of Inhabited Houses, Jan., 1938. (2)	Estimated Population, Jan., 1938. (3)	Estimated No. of Persons per "structurally separate Dwelling." (4)	Births (corrected). (5)	Deaths (Corrected). (6)	Deaths under 1 year. (7)
1. St. Margaret's	5,857	19,914	3.40	409	389	42
2. Latimer ..	5,406	18,380	3.40	276	242	12
3. Charnwood	4,875	16,575	3.40	248	245	22
4. Spinney Hill	5,128	17,435	3.40	185	235	9
5. Wycliffe ..	4,563	15,514	3.40	229	255	16
6. The Castle	5,359	18,221	3.40	203	240	16
7. Westcotes ..	6,499	22,097	3.40	231	296	15
8. Newton	3,019	10,265	3.40	136	125	11
9. Abbey ..	4,137	14,066	3.40	203	143	5
10. Belgrave ..	5,668	19,271	3.40	258	203	23
11. Humberstone	4,683	15,922	3.40	297	156	13
12. Evington ..	3,253	11,060	3.40	183	79	5
13. Knighton ..	5,087	17,296	3.40	171	194	9
14. De Montfort	5,122	17,415	3.40	285	158	11
15. Aylestone ..	4,645	15,793	3.40	226	184	9
16. North Braunstone	4,002	13,607	3.40	221	131	20

\* Figures supplied by City Treasurer.

TABLE 5.  
MUNICIPAL WARDS. VITAL STATISTICS, 1937.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.
1. St. Margaret's	20.5	19.5	103	0.95	1.26
2. Latimer	15.0	13.2	43	0.76	1.41
3. Charnwood	15.0	14.8	89	0.66	1.03
4. Spinney Hill	10.6	13.5	49	0.34	0.40
5. Wycliffe ..	14.8	16.4	70	0.64	0.84
6. The Castle	11.1	13.2	79	0.60	0.77
7. Westcotes	10.5	13.4	65	0.81	0.72
8. Newton ..	13.2	12.2	81	0.78	0.68
9. Abbey	14.4	10.2	25	0.28	0.85
10. Belgrave ..	13.4	10.5	89	0.73	0.57
11. Humberstone	18.7	9.8	44	1.06	0.75
12. Evington ..	16.5	7.1	27	0.18	0.72
13. Knighton	9.9	11.2	53	0.52	0.46
14. De Montfort	16.3	9.1	39	0.57	0.80
15. Aylestone	14.3	11.7	40	0.70	1.01
16. North Braunstone	16.2	9.6	90	0.66	0.73



TABLE 6.  
Deaths in each Ward, classified for Age and Cause, 1937.

WARD.	Under 1 year.	1 to 4 years.	5 to 54 years.	Over 55 years.	Total all ages.	Influenza.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Other Zymotics.	Total	Diarrhoea.	Phtthisis.	Respiratory Diseases.	Developmental Diseases.	Cancer.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1. St. Margaret's ..	42	10	73	264	389	13	1	..	2	1	..	2	19	4	25	61	245	35	389
2. Latimer ..	12	6	52	172	242	12	..	..	..	2	..	..	14	2	26	24	154	22	242
3. Charnwood ..	22	3	60	160	245	8	1	..	..	1	..	1	11	..	17	31	158	28	245
4. Spinney Hill ..	9	2	47	177	235	5	..	..	1	..	..	..	6	..	7	26	169	27	235
5. Wycliffe ..	16	6	41	192	255	7	1	..	1	..	..	1	10	3	13	32	168	29	255
6. Castle ..	16	4	59	161	240	8	1	..	..	2	..	..	11	5	14	19	165	26	240
7. Westcotes ..	15	4	62	215	296	13	..	..	..	3	..	2	18	1	16	24	207	30	296
8. Newton ..	11	3	26	85	125	5	1	..	..	1	..	1	8	..	7	16	83	11	125
9. Abbey ..	5	1	23	114	143	4	..	..	..	..	..	..	4	..	12	14	97	16	143
10. Belgrave ..	23	6	48	126	203	8	2	..	1	..	..	2	14	5	11	28	118	27	203
11. Humberstone ..	13	8	41	94	156	11	1	..	1	3	..	1	17	4	12	7	95	21	156
12. Evington..	5	3	22	49	79	2	..	..	..	..	..	..	2	1	8	8	52	8	79
13. Knighton ..	9	3	42	140	194	6	..	..	..	2	..	1	9	2	8	15	131	29	194
14. De Montfort ..	11	7	47	93	158	4	1	..	4	..	..	1	10	1	14	19	98	16	158
15. Aylestone ..	9	8	60	107	184	7	1	..	..	2	..	1	11	1	16	12	122	22	184
16. North Braunstone ..	20	7	49	55	131	4	..	..	2	1	..	2	9	1	10	17	75	19	131
Infirmary ..	69	25	199	362	655	27	..	..	..	1	..	3	31	12	71	83	379	79	655
City General Hospital	12	17	47	..	76	..	4	..	8	17	..	7	36	1	26	4	8	1	76
City Mental Hospital	36	17	129	117	299	2	..	..	1	1	..	3	7	9	6	27	204	46	299
Isolation Hospital ..	..	..	12	48	60	5	..	..	..	..	..	..	5	..	..	13	40	2	60

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and (except in some cases in the Workhouse where the home address is unobtainable) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the City General Hospital, however, have not been distributed, as the home addresses of such persons are not obtainable.



TABLE 7.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years 1924-1937.

DISEASE.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Measles	0	43	8	18	1	17	5	14	10	17	12	9	0	10
Scarlet Fever	4	10	5	3	4	2	2	0	2	1	1	1	0	0
Diphtheria	35	34	37	11	17	13	7	6	5	11	20	8	7	20
Whooping Cough	18	69	21	29	7	56	8	9	16	13	6	16	11	11
Enteric Fever	1	1	0	1	0	0	1	1	0	0	1	1	1	0
Diarrhoea	62	57	40	22	50	27	33	40	28	34	21	23	20	21
{ Enteritis	19	10	5	2		0	0	3	4	9	8	11	4	5
Erysipelas	8	10	9	5	0	0	0	39	100	159	26	26	33	117
Influenza	39	55	15	54	18	214	27	2	5	5	8	8	9	5
Puerperal Fever	3	7	11	2	7	3	8	2	7	2	2	4	1	3
Cerebro-Spinal Fever	0	3	5	2	0	4	4	9	7	2	2	4	1	0
Poliomyelitis	0	0	7	2	0	0	1	0	1	0	0	1	0	0
Encephalitis Lethargica	7	10	9	7	3	12	8	7	9	4	1	3	2	4
Pneumonia	218	245	168	208	187	284	206	238	244	229	225	135	192	171
Totals	409	554	340	366	294	632	311	369	431	484	331	246	280	367

N.B.—In calculating the Zymotic rate, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given on page 63.

TABLE 8.

Deaths during 1937 of Persons belonging to City of Leicester as classified by the Registrar General according to Disease, Sex and Age-period.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES .. ..	M	1641	144	20	22	31	47	58	87	171	312	390	359
	F	1634	94	19	21	23	37	78	83	143	255	365	516
1. Typhoid and Paratyphoid Fevers	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles .. ..	M	6	2	3	1	—	—	—	—	—	—	—	—
	F	4	—	3	1	—	—	—	—	—	—	—	—
3. Scarlet fever ..	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping cough	M	4	2	1	1	—	—	—	—	—	—	—	—
	F	7	1	3	3	—	—	—	—	—	—	—	—
5. Diphtheria ..	M	7	—	—	3	4	—	—	—	—	—	—	—
	F	13	—	—	6	6	—	1	—	—	—	—	—
6. Influenza ..	M	54	—	—	1	—	—	1	3	6	14	12	17
	F	63	3	—	1	—	1	5	4	7	10	15	17
7. Encephalitis lethargica ..	M	3	1	—	—	—	1	—	—	—	—	1	—
	F	1	—	—	—	—	—	1	—	—	—	—	—
8. Cerebro-Spinal Fever .. ..	M	1	1	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	1	1	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system	M	134	—	1	—	2	15	25	26	34	19	9	3
	F	83	—	—	—	1	18	25	17	13	6	3	—
10. Other tuberculous diseases .. ..	M	23	4	1	2	2	3	2	2	2	5	—	—
	F	15	2	3	2	1	1	5	—	—	1	—	—
11. Syphilis .. ..	M	8	—	—	—	—	—	—	3	1	2	2	—
	F	3	—	—	—	—	—	—	—	1	1	1	—
12. General Paralysis of Insane, Tabes Dorsalis .. ..	M	13	—	—	—	—	—	1	1	1	6	4	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer, malignant disease .. ..	M	151	—	—	—	1	1	3	4	23	42	52	25
	F	226	—	—	1	1	—	7	22	37	61	55	42
14. Diabetes .. ..	M	18	—	—	—	—	—	—	—	1	4	10	3
	F	21	—	—	—	—	—	1	2	1	4	9	4
15. Cerebral hæmorrhage, &c. ..	M	100	—	—	—	—	—	—	3	7	14	35	41
	F	145	—	—	—	—	—	—	3	11	21	52	58
16. Heart disease ..	M	366	—	—	—	1	6	5	5	32	91	120	106
	F	405	—	—	—	3	5	6	13	17	69	116	176
17. Aneurysm ..	M	8	—	—	—	—	1	—	—	2	3	—	2
	F	2	—	—	—	—	—	—	—	—	2	—	—

TABLE 8—continued.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
18. Other Circulatory Diseases .. ..	M	76	—	—	—	—	—	1	2	8	10	23	32
	F	78	—	—	—	—	—	—	—	6	12	20	40
19. Bronchitis .. ..	M	52	3	1	—	1	1	—	—	6	6	15	19
	F	68	5	—	—	1	—	2	1	3	9	15	32
20. Pneumonia (all forms) .. ..	M	104	25	7	5	2	2	—	5	11	24	11	12
	F	67	17	5	3	1	—	1	1	8	7	14	10
21. Other respiratory diseases .. ..	M	17	—	1	—	1	—	2	1	2	3	7	—
	F	14	1	—	—	—	2	—	—	2	1	3	5
22. Peptic Ulcer .. ..	M	12	—	—	—	—	—	—	2	5	3	1	1
	F	10	—	—	—	—	—	1	1	—	—	4	4
23. Diarrhoea, &c. .. ..	M	17	11	2	1	—	—	—	—	1	—	1	1
	F	10	6	2	—	—	—	—	—	—	1	1	—
24. Appendicitis .. ..	M	12	—	—	—	—	1	2	1	—	2	6	—
	F	9	—	—	1	1	—	—	—	1	2	3	1
25. Cirrhosis of Liver	M	8	—	—	—	—	—	—	1	1	3	2	1
	F	4	—	—	—	—	—	—	1	2	1	—	—
26. Other Diseases of Liver, etc. ..	M	3	—	—	—	—	—	1	—	—	—	2	—
	F	9	—	—	—	—	1	1	1	1	2	2	1
27. Other Digestive Diseases .. ..	M	36	3	1	1	2	1	—	1	2	6	10	9
	F	17	—	—	—	1	—	3	3	2	3	4	1
28. Acute and chronic nephritis ..	M	48	—	—	—	—	1	2	2	4	12	17	10
	F	54	1	—	—	1	2	4	1	10	10	11	14
29. Puerperal sepsis .. ..	F	5	—	—	—	—	1	3	1	—	—	—	—
30. Other Puerperal Causes .. ..	F	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital debility, premature birth, malformation, etc.	M	81	78	—	—	3	—	—	—	—	—	—	—
	F	47	46	—	—	—	1	—	—	—	—	—	—
32. Senility .. ..	M	50	—	—	—	—	—	—	—	—	1	9	40
	F	90	—	—	—	—	—	—	—	—	—	6	84
33. Suicide .. ..	M	23	—	—	—	—	1	3	3	4	5	5	2
	F	13	—	—	—	—	—	5	2	2	4	—	—
34. Other violence .. ..	M	54	4	—	3	2	4	4	5	6	12	7	7
	F	40	6	1	2	2	3	1	2	3	2	8	10
35. Other Defined Diseases .. ..	M	148	10	2	4	10	8	6	17	12	25	27	27
	F	107	6	2	—	3	2	6	8	16	25	22	17
36. Causes Ill-defined or unknown ..	M	4	—	—	—	—	1	—	—	—	—	2	1
	F	2	—	—	—	—	—	—	—	—	1	1	—



VACCINATION

J. H. Lockwood, City Health Dep

The work undertaken by the Vaccination Offi

Return respecting the Vaccination of Children whose births were registered fro

Registration Sub-Districts comprised in the Vaccination Officer's District.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1936	Number of these Births duly entered by 31st January, 1938, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz. :				
		Col. I.  Successfully Vaccinated	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V.  Died unvaccinat
			Insus- ceptible of Vaccination	Had Small Pox		
1	2	3	4	5	6	7
North West ..	1734	32	—	—	1642	56
North East ..	619	10	—	—	566	29
South .. ..	1576	71	—	—	1391	94
Total .. ..	3929	113	—	—	3599	179

Number of Children successfully vaccinated after the declarat

Total number of Certificates for year 1937 sent to other Vaccinat

OFFICER. Table 9.

ment, Grey Friars, Leicester.

summarised in the following table :—

st January to 31st December, 1936, inclusive.

Number of these Births which on 31st January, 1938, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st January, 1938, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1937	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1937
Post-ponement by Medical Certificate	Removal to Districts the Vaccination Officers of which have been duly apprised	Removal to places unknown, or which cannot be reached ; and Cases not having been found.			
8	9	10	11	12	13
—	2	2	—	These figures are to be obtained from columns 2 and 6 of the Summary (Form N.).	
—	1	1	12	50	1604
—	1	1	7	18	542
3	1	9	7	73	1359
3	4	12	19	141	3505

conscientious objection had been made .. .. Nil

fficers .. .. 2

TABLE 10.

Return showing the numbers of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institution and the Public Vaccinators during the year ended 31st December, 1937.

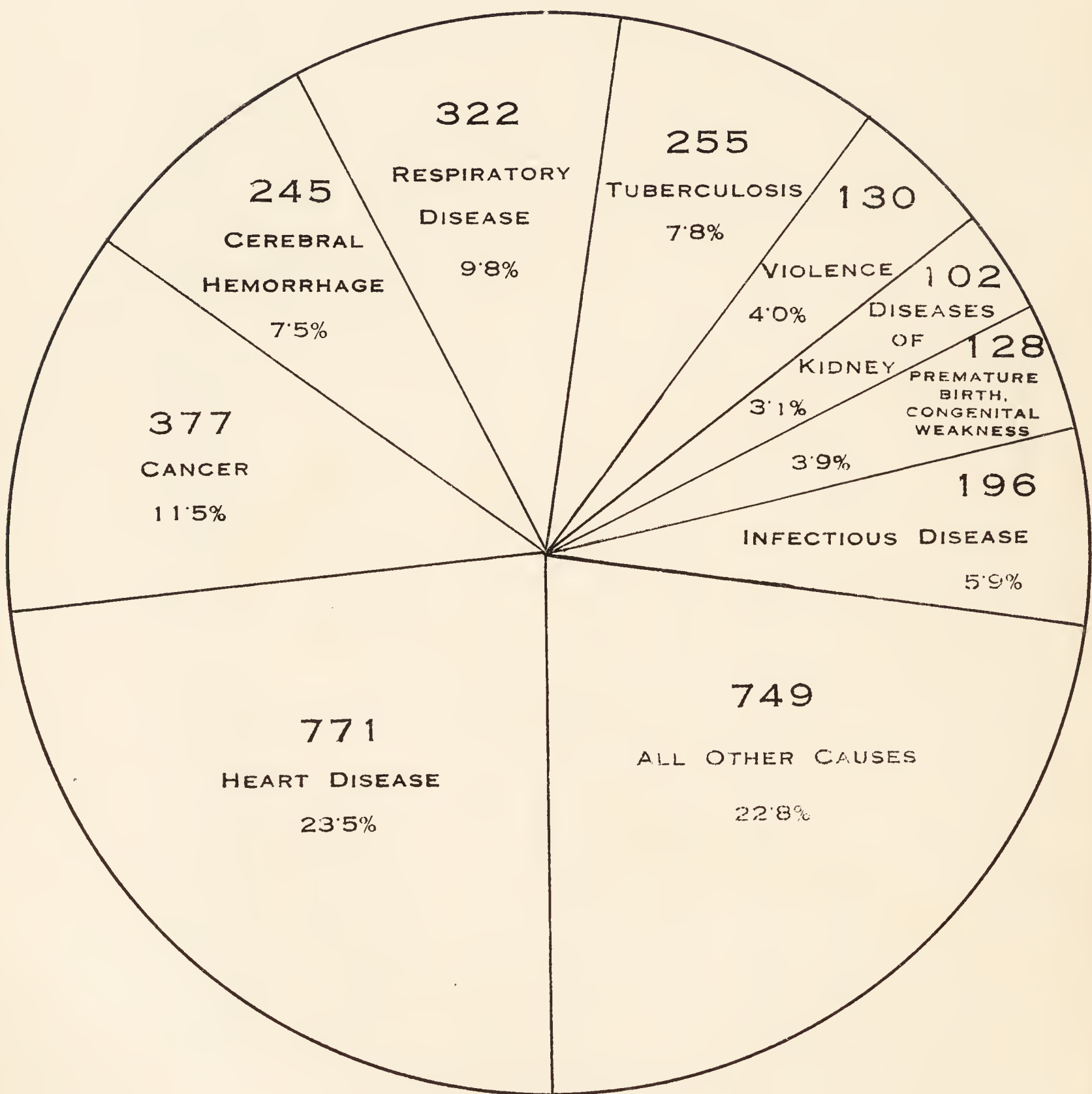
Name of the Poor Law Institution or Vaccination District	Name of the Medical Officer or Public Vaccinator	Numbers of Successful Primary Vaccinations of Persons :—			Numbers of Successful Re-vaccinations, i.e., of persons who had been successfully vaccinated at some previous time	Observations
		Under one year of age	One year and upwards	Total		
Swain St. Institution . .	Dr. E. C. Hadley	—	—	—	—	Of the Vaccinations of children under one year, 46 were private
City General Hospital . .	Dr. E. C. Hadley	—	—	—	—	
North West District . .	Dr. J. W. Fordham	50	5	55	—	
North East District . .	Dr. J. W. Fordham	18	1	19	—	
South District . .	Dr. A. J. L. Speechley	73	7	80	—	
Totals . .		141	13	154	—	





## GRAPH 2

SHOWING PROPORTION OF DEATHS FROM  
PRINCIPAL CAUSES, 1937



## Comment on Causes of Death.

Table 9 shows the deaths classified according to certain specified causes and to age and sex. Graph 2 shows certain of the more important causes of death arranged as proportionate parts of a disc.

One sees at a glance what a very large proportion of deaths is caused by heart disease, cancer, respiratory diseases (mainly bronchitis and pneumonia), tuberculosis and cerebral haemorrhage. These between them accounted, during 1937, for more than half the total deaths. A word of caution is necessary as regards deaths ascribed to "heart disease." By no means all the deaths ascribed to this need be regarded as due to any definite lesion of the heart. Thus "myocarditis" or "heart failure" is sometimes given as one of the causes—possibly as *the* cause of death, and in the absence of any more specific cause, the death would be classified among the "heart disease" deaths.

As stated above, many of the deaths from heart failure in elderly people were undoubtedly due to debility following the influenza epidemic.

## MEASLES.

Ten deaths occurred from this disease in 1937, compared with none in 1936. The death-rate was 0.04 per 1,000, compared with 0.02 for England and Wales.

An epidemic occurred in May. This disease has a tendency to occur in waves, one year being free from epidemic and the next perhaps having a serious outbreak. It is a serious disease and especially so in the case of children under five years of age. All the children who died were under five years old. It is vitally important that such children should be protected from all possible contact with sufferers from the disease.

Serum treatment for prevention of the disease is available at the Isolation Hospital.

## SCARLET FEVER.

Notifications, 614. Deaths, nil.

Again it is satisfactory to record that no deaths occurred from this disease. The incidence of the disease was much the same as in 1936.



## WHOOPIING COUGH.

Eleven deaths occurred, as compared with 11, 16, 6, 13 and 16 for the previous five years. All the deaths in 1937 were in children of under five years of age. This is as usual and too much emphasis cannot be placed on the importance of avoidance of the disease if at all possible in children of these tender years, and of the greatest care of the little patient who has been unfortunate enough to contract it.

**TABLE 11.**  
**MEASLES AND WHOOPING COUGH DEATHS AND MORTALITY**  
**per 1,000 BIRTHS.**

Quinquennial Period.	Births.	Measles Deaths.	Mortality per 1,000 Births.	Whooping Cough Deaths.	Mortality per 1,000 Births.
1902-6 ..	30,065	312	10.3	354	11.1
1907-11 ..	27,247	420	15.4	191	7.0
1912-16 ..	25,139	437	17.3	190	7.5
1917-21 ..	21,710	248	11.4	134	6.1
1922-26 ..	21,935	120	5.5	164	7.4
1927-31 ..	19,256	55	2.8	109	5.6
1932-36 ..	17,599	48	2.7	62	3.5
1937 ..	3,807	10	2.6	11	2.9

## TYPHOID FEVER.

Thirteen cases were notified, but no deaths. In each of the last two years, twelve cases have occurred.

Of the thirteen cases, six were true cases of enteric fever, and seven were cases of paratyphoid infection.

In no instance was it possible to demonstrate a City source of infection, and undoubtedly several of the cases contracted the disease outside the City.

## DIPHTHERIA.

457 cases were notified and 20 deaths occurred.

The type of diphtheria organism was of the most severe and the number of deaths exceeds any year since 1926. A fuller discussion on this side of the subject will be found in the report of the Medical Superintendent of the Isolation Hospital, on page 89.

The severity of the disease emphasises the necessity of pressing on with the Immunisation Campaign.

## Immunisation against Diphtheria.

As stated in my report for 1936, page 21, the Committee decided to adopt a voluntary scheme for diphtheria immunisation in the City. This was started in May, 1937, and has met with a most encouraging response. Several times during the year it has been necessary to hold additional sessions to cope with the large number of applicants. Briefly, the scheme is as follows :—

*Staff.* Part-time Medical Officer, Dr. Pauline Hearth (appointed whole-time in November, 1937, for other duties as well).

Whole-time Nurse, Miss M. E. Woolcock.

*Sessions.* Two or more immunisation sessions a week as required, held at Richmond House School Clinic, Highcross Street Infant Welfare Clinic (or more recently, owing to the inadequacy of the Highcross Street premises, at Vaughan College), and a session at a school for children in that neighbourhood. See below for details.

### *Propaganda.*

- (a) Frequent lectures, with cinema, to parents at schools in the evening—these have been very well attended and most enthusiastic—the response of the parents has been most encouraging.
- (b) Lectures—talks with and without cinema, at Infant Welfare Centres.
- (c) Distribution of explanatory leaflets to mothers of children aged eight months, four years, and at infant schools ; also to the general public.

### *Medical Profession.*

The co-operation of the general body of practitioners in the City has been sought and the Committee agreed to supply material and to pay five shillings per case immunised by the private doctor. As the doctors are being encouraged to perform the final Schick test (three months after immunisation) the statistics given below are not to be considered an accurate statement of the number of children immunised by the private practitioners—the figure is undoubtedly much higher.

### *Method.*

Three fortnightly injections of T.A.F., with terminal Schick test if possible. For children over ten years of age, an anterior Schick test is advised.

**Diphtheria Immunisation Scheme, commenced 1st May, 1937.**  
**Statistics for 1937.**

**Table A.**

Total number of children completely immunised	..	2,945
„ „ partially „	..	45
„ injections given	.. ..	7,870
„ Schick tests performed	.. ..	532
„ clinics held	.. ..	103
„ lectures given	.. ..	15
„ parents at lectures (approx.)	..	1,547

Note.—“Completely immunised” means “has had full course of injections but not necessarily the terminal test.” “Partially immunised” means “has had one or two injections only.”

**Table B.**

*Number of Individual Children.*

				<i>Completely Immunised.</i>	
				<i>City Scheme</i>	<i>Private Doctor</i>
Under three years of age	..	..		478	14
Three—five	„	..	..	833	23
Five—eight	„	..	..	1,312	37
Eight—ten	„	..	..	157	5
Over ten	„	..	..	77	9
				—	—
				2,857	88
				—	—

				<i>Partially Immunised</i>	
				<i>City Scheme</i>	<i>Private Doctor</i>
Under three years of age	..	..		12	—
Three—five	„	..	..	10	—
Five—eight	„	..	..	23	—
Eight—ten	„	..	..	—	—
				—	—
				45	Unknown
				—	—

*Results of Terminal Schick Test.*

Number positive	..	11
Number negative	..	454
		—
		465
		—



Details of children who have had full course of injections (i.e., three), and who have been subsequently admitted to hospital suffering from diphtheria or as carriers.

Table C.

No.	Age.	Sex.	Date of last immunising injection.	Date of admission to hospital.	Remarks.
1.	6	F.	27.7.37	6.10.37	Not diphtheria. A carrier.
2.	4	M.	„	10.10.37	„
3.	4	F.	28.6.37	11.10.37	True diphtheria. Mild attack, "Gravis."
4.	1	M.	20.9.37	19.10.37	„
5.	7	F.	27.7.37	22.10.37	„
6.	6	M.	7.10.37	„	True diphtheria. Mild. Swabs negative.
7.	7	M.	27.7.37	23.10.37	True diphtheria. Mild attack. "Gravis."
8.	5	M.	„	30.10.37	Carrier only. Not diphtheria.
9.	7	F.	16.8.37	„	„
10.	6	M.	12.8.37	„	„
11.	7	M.	27.7.37	„	True diphtheria. Mild. Swabs negative.
12.	6	M.	„	„	Carrier only. Not diphtheria.

From the above Tables it will be seen that the response to the Immunisation Campaign has been most encouraging. Nearly 3,000 children have received the full course of injections in the seven months the scheme has been in operation. In not one single case have the immediate after-effects of the injections been a cause for alarm. A few children have had sore—that is, reddened—arms for a day or so, but parents are always warned that this can occur, but that it is of no moment. No other sequelae have been noted.

The ages of the children immunised are shown in Table B; out of a total of 2,945 children, 1,311, or 44 per cent., were under five years of age. This is the period at which the child is "at greatest risk," and it is desirable that as many children as possible should be protected before they reach school age.

Full details are given in Table C of all children known to the department who have been admitted to hospital suffering from or suspected to be suffering from diphtheria, or having positive swabs on examination. This Table is of great importance as it shows to a certain extent the result of the first year's campaign.

Twelve children, out of 2,945, were admitted to hospital. Of these twelve, six were admitted as carriers of the disease, i.e., as being potentially dangerous to others while not suffering from the disease themselves. The six remaining children were all true cases of diphtheria, all of them suffering very mildly from the disease. This latter point is most important for the following reason.

As is shown in the Medical Superintendent's report, there are several types of the diphtheria organism. Commencing in the latter part of 1936 and continuing throughout 1937, especially in the latter part of the year, Leicester has suffered from an epidemic of the most virulent type, the vast majority of the cases being due to the "Gravis" organism (the most serious type). Had these six children not been partially protected by their course of injections they would undoubtedly have suffered from the disease in its worst form, perhaps might even have died because of the virulence of the organism attacking them—at least four of them definitely being infected by the "Gravis" type of organism.

A further point should be noted. Full protection takes time to develop and it is estimated is not complete for three months after the last injection. Two children (Nos. 4 and 6) contracted the disease within one month after the last injection. It was hardly to be expected that they had obtained full protection in that short time.

In addition seven children developed the disease (one death) after one or two injections. No account can be taken of these cases as they were in no way "immunised."

What then can be said of the first year's working of the scheme?

In seven months nearly 3,000 children have been given the course of injections. Of these 3,000 children, six, or 0.2 per cent. (1 in 500) have subsequently developed a mild attack of diphtheria, though the City has been passing through an epidemic due to the most serious type of infecting organism. No child who has had a full course of injections has died.

There are in the City some 35,000 children under ten years of age, or 3,000 immunised and 32,000 not immunised. Among these 32,000 about 450 cases of diphtheria occurred during 1937, or about one in 70. Twenty deaths occurred. It is obvious that the least immunisation



has done is to give the child immunised about seven times the chance of escaping the disease at all, with, at the worst, the risk of a slight attack and no risk of a fatal result. It is suggested that this is well worth while.

(Note.—The above figures in the last paragraph are only approximate).

The modern opinion as to the value and results of diphtheria immunisation may be summed up as follows :—

*For the individual child.*

Immunisation gives an enormously increased chance of completely escaping the disease. Should an immunised child contract the disease, the attack is nearly always very mild. Death from diphtheria in an immunised child is so rare as to be a negligible risk.

*For the community.*

Diphtheria immunisation will not reduce the number of cases of diphtheria occurring in a community until more than half of the population at risk has been immunised. Towns that have achieved this standard have reduced diphtheria to very small proportions.

It is essential that a large majority of the children under school age should be immunised.

Before we can expect to reduce the diphtheria incidence of Leicester, we shall have to immunise approximately 10,000—12,000 children under five years, and a somewhat smaller number between the ages of five and ten years.

The scheme has started well but the future rests in the hands of Leicester parents.

## INFLUENZA.

As stated earlier, a severe outbreak of influenza occurred in the latter half of January and early February. The outbreak was short in duration but very severe while it lasted. It did not cause much mortality from pneumonia although many cases occurred, but 117 persons died from influenza and many others from its sequelae, mainly, heart disease. During the first quarter of the year also, the number of deaths from tuberculosis was much above the normal—no doubt, due to the influenza epidemic. Of the 117 deaths from influenza, 85 occurred in persons of 55 years of age and over.



## PNEUMONIA.

				<i>Cases Notified.</i>	<i>Deaths.</i>
1937	..	..	..	520	171
1936	..	..	..	301	192
1935	..	..	..	239	135

Analysing the cases that died in 1937 according to age, we find :—

<i>Age.</i>		<i>Deaths.</i>
0-4 years	..	62
5-14 „	..	3
15-24 „	..	2
25-34 „	..	1
35-54 „	..	25
55 and over	..	78
		—
		171
		—

It is obvious that pneumonia is particularly a disease of the two extremes of life.

Forty-two of the deaths, or 24.6 per cent. of the total, occurred in children under one year of age, and caused 17.6 per cent. of the total infant mortality.

As usual, the mortality was greater among males—104 cases to 67 females.

## BRONCHITIS.

120 deaths were assigned to this cause, as compared with 111 in 1936. 52 were males, 68 females.

105 occurred in persons of 45 years of age and older.

## MALIGNANT DISEASE (CANCER).

377 deaths occurred in 1937.

The cancer deaths and death-rate for previous years are shown in Table 13. It will be seen that the death-rate is better than those of the last ten years, and that the actual number of deaths shows an appreciable decrease.

It should not be assumed from these figures that there has been any marked change in the cancer problem.

TABLE 12. DEATHS FROM CANCER, 1937.

Tabulated as to Age, Sex and Organ Affected,  
in accordance with local classification.

Organ Affected.	Under 40 years.		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip .. ..	—	—	—	—	—	1	—	1
Tongue .. ..	—	—	1	—	2	1	3	1
Jaw .. ..	—	—	1	—	—	—	1	—
Mouth .. ..	—	—	—	—	—	—	—	—
Larynx .. ..	—	—	1	—	1	1	2	1
Oesophagus .. ..	—	—	4	—	10	3	14	3
Stomach .. ..	1	1	12	11	9	12	22	24
Intestines .. ..	—	1	—	1	3	4	3	6
Colon .. ..	—	2	4	5	14	19	18	26
Rectum .. ..	1	1	—	2	8	11	9	14
Liver .. ..	1	3	2	8	9	15	12	26
Pancreas .. ..	—	—	1	1	5	5	6	6
Spleen .. ..	1	—	—	—	—	—	1	—
Lungs .. ..	1	1	1	4	2	—	4	5
Kidney .. ..	—	—	—	—	—	—	—	—
Bladder .. ..	—	—	—	2	9	4	9	6
Prostate .. ..	—	—	4	—	9	—	13	—
Testicle .. ..	—	—	1	—	1	—	2	—
Ovary .. ..	—	3	—	7	—	4	—	14
Uterus .. ..	—	—	—	6	—	11	—	17
Breast .. ..	—	2	—	22	—	25	—	49
Bones .. ..	—	—	—	3	1	—	1	3
Other Forms or not specified .. ..	1	2	8	6	16	11	25	19
Total .. ..	6	16	40	78	99	127	145	221

TABLE 13.  
CANCER STATISTICS, 1904-37.  
(Calculated locally)

Year.	Total Cancer Deaths.	Cancer Deaths— per cent. of Total Deaths.	Cancer Death- rate per 100,000 Population.
1904 .. ..	213	6.5	98
1905 .. ..	180	5.8	82
1906 .. ..	168	5.0	76
1907 .. ..	199	6.6	89
1908 .. ..	214	6.8	95
1909 .. ..	195	6.1	86
1910 .. ..	200	7.1	88
1911 .. ..	236	7.7	103
1912 .. ..	226	7.2	98
1913 .. ..	252	8.1	109
1914 .. ..	269	8.1	115
1915 .. ..	219	6.4	94
1916 .. ..	228	7.3	100
1917 .. ..	255	8.6	117
1918 .. ..	309	7.9*	132
1919 .. ..	249	8.0	108
1920 .. ..	257	8.9	104
1921 .. ..	307	10.6	129
1922 .. ..	276	9.0	116
1923 .. ..	274	9.8	114
1924 .. ..	281	9.5	116
1925 .. ..	318	10.1	131
1926 .. ..	395	13.2	163
1927 .. ..	324	10.6	132
1928 .. ..	349	12.7	142
1929 .. ..	357	10.4	145
1930 .. ..	372	13.5	151
1931 .. ..	357	11.9	148
1932 .. ..	356	11.8	148
1933 .. ..	367	11.9	152
1934 .. ..	377	13.3	156
1935 .. ..	384	12.9	150
1936 .. ..	392	12.9	150
1937 .. ..	366	11.2	139

\*In 1918 the total deaths from all causes were very high so that the per cent. figure was proportionately lower.

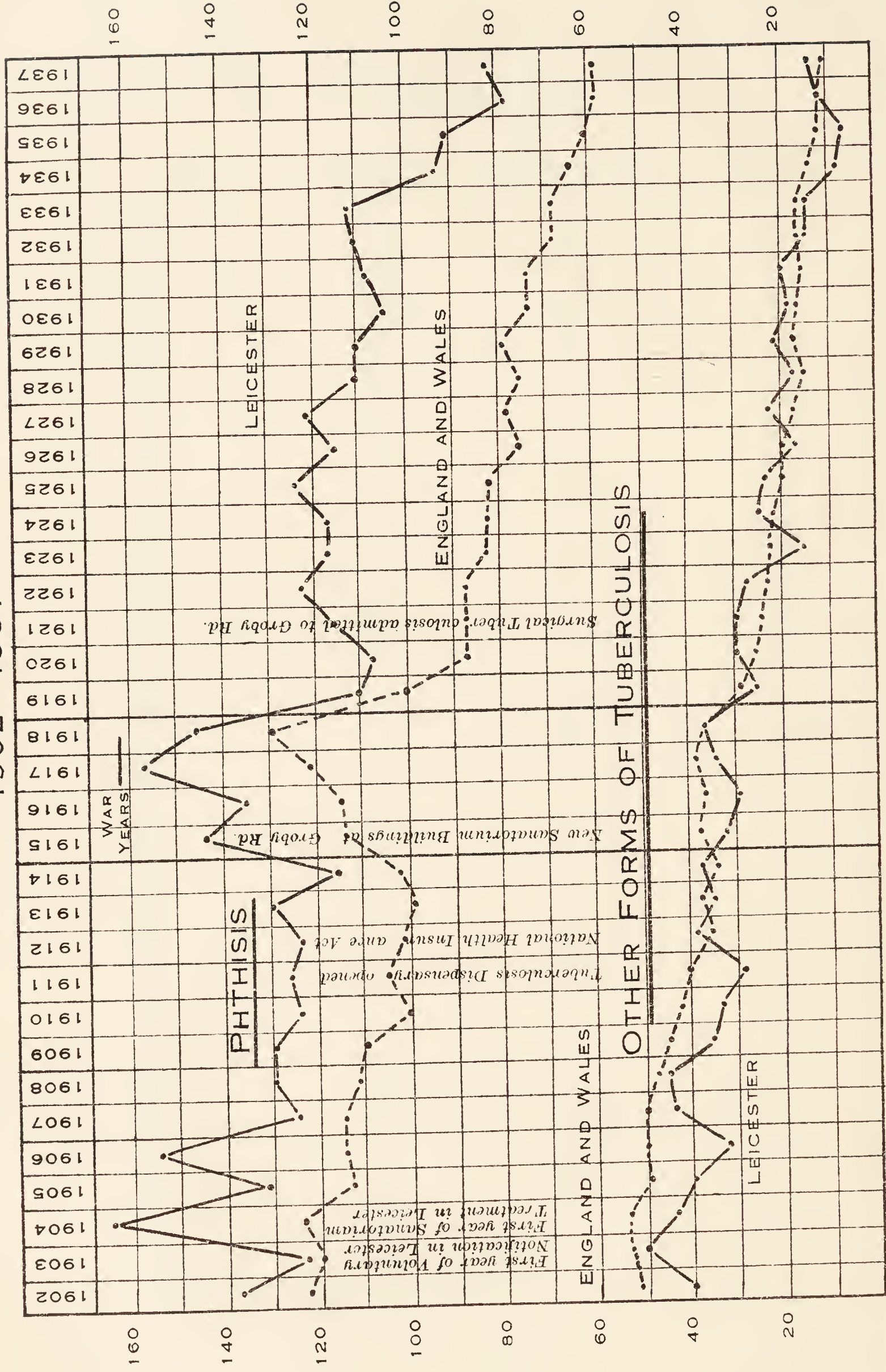




GRAPH 3

TUBERCULOSIS MORTALITY PER 100,000 POPULATION

1902-1937



UPPER CURVES--PHTHISIS  
LOWER CURVES--OTHER FORMS OF TUBERCULOSIS  
FULL LINE-- LEICESTER  
BROKEN LINE--ENGLAND AND WALES

The classification of cancer deaths in age groups is as follows :—

	DEATHS.		
	Males.	Females.	Total.
Under 25 years .. ..	2	2	4
25-34 years .. ..	3	7	10
35-44 „ .. ..	4	22	26
45-54 „ .. ..	23	37	60
55-64 „ .. ..	42	61	103
65 and over .. ..	77	97	174
Totals .. ..	151	226	377
Comparable figures for 1936	173	232	405

The disproportion between the sexes continues to be marked and also the late incidence of the disease.

#### Arrangements for Diagnosis and Treatment.

A full discussion of these will be found in my report for 1936, page 24. There has been no change in the year under review.

### TUBERCULOSIS.

The number of fresh cases notified and deaths registered during 1937 was as follows (corresponding figures for 1936 in brackets):—

	Cases	Deaths
Pulmonary Tuberculosis ..	345 (335)	217 (205)
Other forms .. ..	88 (79)	38 (30)
Total .. ..	433 (414)	255 (235)

1936 was a record year for the City as regards mortality from tuberculosis. Had it not been for the influenza epidemic in January, 1937, 1937 itself might also have been a record, but the influenza appeared to have a most deleterious effect on sufferers from tuberculosis and in the first quarter of 1937, the case mortality was very high.

The first quarter of 1938 (i.e., without an influenza outbreak) has had a very satisfactory record.



## MATERNAL MORTALITY.

Perhaps the brightest spot in the mortality rates for 1937 is that for maternal mortality. But a word of caution is necessary. In considering the figures given below, it must not be assumed that the great decrease in the rate necessarily indicates a permanent improvement. The numbers concerned are small and one or two extra deaths make a considerable difference to the rate. The last two years, however, have shown an extraordinary improvement in the number of deaths from causes other than puerperal sepsis. It can only be hoped that this improvement will continue.

In 1937, there were only five deaths from puerperal causes, all allocated to puerperal sepsis. This gives a rate of 1.27 per 1,000 total births, easily the best on record for the City.

The comparative figures for the last few years are as follow :—

	1935	1936	1937
Deaths from sepsis	8	9	5
„ other puerperal causes	14	4	0
Total deaths	22	13	5
Death rate from sepsis	2.21	2.43	1.3
„ „ „ other puerperal causes	3.8 4.0	1.0	0.0
Total death rates	5.9 6.2	3.43	1.3

Further discussion will be found in the report of the Medical Officer for Maternity and Child Welfare, page 187.

## DEATHS FROM VIOLENCE.

Included under this heading are 36 deaths from suicide (23 males and 13 females) (35, 19 and 16 respectively in 1936), 29 deaths from road accidents (20 males and 9 females) (30, 24 and 6 in 1936) and 65 deaths from other types of violence (68 in 1936), totalling in all 130 deaths (77 males and 53 females) (133, 80 and 53 in 1936).

SECTION B.

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General Provision of Health  
Services for the Area





## SECTION B.

### General Provision of Health Services for the Area

1. (i) Full particulars of the Public Health Officers of the Authority are incorporated at the beginning of this Report.

(ii) (a) **Laboratory Facilities.**

**Public Analyst.** No change. See special report in Appendix VI, Page 195.

**Pathologist.** No change.

(b) **Ambulance Service.**

**City Isolation Hospital.** Two ambulances are provided at this hospital for the removal of infectious patients. There has been no change in this service during 1937.

**City General Hospital.** The ambulance service for this hospital is provided by the City Fire Brigade Department. There has been no change in this service during 1937.

**Westcotes Maternity Home.** Patients make their own arrangements.

(c) **Nursing in the Home.** No change.

(d) **Clinics and Treatment Centres.** No change.

**Accommodation for the Central Office of the Health Department and certain Clinic Services.**

In my report for last year, comment was made on the inadequacy of the Central Office premises (see page 31). During 1937, the matter received further attention and it is hoped that a definite decision will be reached early in 1938.

(e) **Hospitals : Voluntary and Public :—**

## VOLUNTARY.

**The Royal Infirmary, Leicester.** The following details are obtained from the Annual Report of the Royal Infirmary for 1937 :—

<i>In-Patients.</i>	1935	1936	1937
Remaining in on 1st January	370	346	423
Admitted .. .. .	7,687	8,066	7,963

### *Children's Hospital :—*

Remaining in on 1st January	60	50	63
Admitted .. .. .	1,350	1,322	1,279
	9,467	9,784	9,728

The average daily number of beds occupied during the same three years was respectively :—

496.85	513.7	529.4
--------	-------	-------

The average stay per in-patient in 1937 was 20 days.

The number of operations decreased from 6,492 in 1936 to 6,288 in 1937.

The average cost per occupied bed was £162.

183 patients died within 48 hours of admission.

1,855 in-patients in an early stage of recovery were transferred to Convalescent Homes where they remained for an average stay of 17.2 days.

<i>Out-Patients.</i>	1935	1936	1937
New Patients .. .. .	15,934	16,379	18,932
Renewed attendances ..	55,850	54,809	64,199
	71,784	71,188	83,131

### *Casualties.*

New patients .. .. .	22,303	23,868	24,923
Renewed attendances ..	87,115	89,641	92,942
„ „ Fracture clinic from 18th May, 1936	—	6,028	10,272
	109,418	119,537	128,137

<i>Casualties</i>	1935	1936	1937
Operations .. .. .	5,655	5,905	5,839

Radiography :—

X-Ray Department attendances .. .. .	28,433	36,358	37,954
Fluorescent screen examinations .. .. .	9,070	10,384	9,325
X-Ray photographs taken ..	32,134	37,307	39,327
X-Ray Treatments :			
Deep Therapy .. .. .	..	..	5,551
Superficial .. .. .	..	..	709
Examinations .. .. .	..	..	1,331
	4,283	4,458	7,591
Ultra Violet Ray treatments	5,955	8,020	8,311
Radium treatments .. ..	483	613	834
Pathological and Bio-Chemical Departments :—			
Examinations made ..	25,385	24,848	25,891
Orthopaedic Department (Massage and Electrical) :—			
Number of attendances ..	50,299	49,624	47,433
Number of treatments :—			
Massage .. .. .	57,805	58,512	57,922
Electrical .. .. .	32,582	33,066	31,871
	—————	—————	—————
Total treatments ..	90,387	91,578	89,793
	—————	—————	—————

The Zachary Merton Home for men was opened at Swithland on the 7th October, 1937. Accommodation is thus available for 68 men, convalescent after treatment at the Royal Infirmary. The use of Desford Hall as a Convalescent Home has been discontinued.

During the year it was decided to carry out at the City Isolation Hospital, Wassermann and similar tests which previously were done at the Royal Infirmary. This should mean a saving to the City of a considerable sum of money annually.

**The Leicester Faire Hospital.** No change.

**The Fielding Johnson Private Hospital.** No change.

**Highfield Hospital.** No change.



### **The Leicester and Leicestershire Maternity Hospital, Leicester.**

In last year's report (page 35) it was noted that the City Council had decided to increase the grant paid to this hospital, and that the Health Committee were to receive increased representation on the Committee of Management.

This has been done but unfortunately the finances of the hospital are not in any better condition.

From the medical and administrative point of view the closest relationship exists between the Hospital Authority and your Health Department.

### **PUBLIC.**

#### **The City General Hospital, Leicester.**

See special report in Appendix III, page 111.

#### **The City Isolation Hospital and Sanatorium, Groby Road.**

See special report in Appendix II, page 83.

#### **The Municipal Maternity Home, Westcotes Drive.**

See special report in Appendix V, page 183.

#### **City Mental Hospital, West Humberstone.**

The number of beds is about 1,000, and paying cases are admitted in addition to ordinary cases.

Dr. J. F. Dixon, Medical Superintendent, retired during the year and was succeeded by Dr. T. W. Davidson, Deputy Medical Officer.

There has been no other change in the service.

2. (i) Institutional medical services transferred under the Local Government Act, 1929. No change.

(ii) Poor Law Medical Out-Relief. No change.

(iii) Institutional provision for the care of Mental Defectives :—

**Leicester Frith Certified Institution.** No change.

3. (i) Midwifery and Maternity Services. See special Section, page 173.

(ii) Institutional Provision for Mothers or Children. See special Section, page 160.

(iii) Health Visitors. See special Section, page 159.

(iv) Infant Life Protection. See special Section, page 161.

(v) Orthopaedic Treatment. See special Section, page 149.

4. Maternity and Nursing Homes. See special Section, page 185.

## **5. The Leicester and County Saturday Hospital Society.**

One of the most important and successful voluntary health institutions in Leicester is the Saturday Hospital Society.

By means of a voluntary weekly levy (2d. per week), which is "automatically" deducted from wages, a really wonderful amount of money is subscribed by the weekly wage-earners of the City and County for the purpose of supporting the Royal Infirmary, of maintaining two fine Convalescent Homes, as well as rendering other important health services.

Last year (1937), a fresh record was again established, the total amount collected being the really magnificent sum of £60,654.

3,631 persons received benefit during the year, of whom 1,676 were sent to Overstrand Hall, 449 to Roecliffe Manor, and 1,178 patients were treated in the City General Hospital.

Not the least benefit the Saturday Hospital Society provides for its subscribers is free treatment at the City General Hospital.

## **6. Public Abattoir.**

No further progress has been made towards the erection of a Public Abattoir. The delay is no doubt unavoidable but it is unfortunate as the need is great.

## 7. Meteorology.

The rainfall and mean temperature for each month of the year are given in Table 15.

The rainfall was 29.60 inches, compared with 27.71 inches in 1936. The average rainfall for the ten years, 1923-1932, was 27.3 inches.

The number of days on which rain (0.1 inches or more) fell was 169, compared with 176 in 1936, and a ten years' average of 198.

During the year a complete Meteorological Station was established at the City General Hospital.

## 8. Cremation.

I am indebted to Mr. A. C. Addison, Superintendent Registrar, for the following facts and figures, which are taken from his Annual Report for 1937 :—

The following figures show the progress of cremation since its inception in Leicester :—

<i>Period.</i>	<i>Cremations.</i>	<i>Annual Average.</i>
1903-1912	125	12.5
1913-1922	260	26.0
1923-1932	727	72.7
1933	122	122
1934	129	129
1935	149	149
1936	198	198
1937	214	214

The new gas apparatus, together with general alterations to the Incinerating Room and at the Catafalque, which were under construction at the end of 1936, were completed early in 1937, and have proved entirely satisfactory.

In the country as a whole, 14,129 cremations were carried out as compared with 11,289 in 1936.

This most hygienic method of disposal is showing a slow but satisfactory increase in popularity.

## 9. Air Raid Precautions.

During the year 1937, considerable progress has been made towards the formulation of a complete scheme. As stated in my report for



1936, Dr. J. A. Chapel was appointed to assist me in the preparation of the scheme, and plans and detailed specifications are in hand for the selected first aid posts, casualty clearance stations and base hospitals, together with the necessary organisation and arrangement for training the required volunteer personnel.

In this respect, the greatest help has been received from the St. John Ambulance Brigade and the County Commissioner, Mr. G. F. Browne.

It is hoped in the new year to provide and equip a permanent large first aid post for both sexes, which will be available for training purposes.

Of course, in an emergency, this building would be immediately available to deal with all types of gas casualties.

TABLE 14.

Monthly Rainfall and mean Temperature during 1937,  
as recorded at the City Mental Hospital.

MONTH.					Rainfall in inches.	Mean Temperature Fahr.
January	..	..	..	..	3.08	40.5
February	..	..	..	..	2.92	41.8
March	..	..	..	..	3.02	37.8
April	..	..	..	..	2.95	48.1
May	..	..	..	..	3.70	54.0
June..	..	..	..	..	1.87	57.7
July	..	..	..	..	3.62	61.1
August	..	..	..	..	0.62	62.0
September	..	..	..	..	1.25	55.6
October	..	..	..	..	3.14	48.6
November	..	..	..	..	1.46	42.7
December	..	..	..	..	1.97	37.0
Total rainfall and number of days on which rain fell (.01 inches or more)						
					Inches of rain.	No. of days on which rain fell
1937	..	..	..	..	29.60	.. 169
1936	..	..	..	..	27.71	.. 176
1935	..	..	..	..	29.55	.. 202
1934	..	..	..	..	21.1	.. 191
1933	..	..	..	..	21.1	.. 161
1932	..	..	..	..	26.9	.. 168
1931	..	..	..	..	26.8	.. 177
1930	..	..	..	..	31.4	.. 200
1929	..	..	..	..	25.5	.. 260
1928	..	..	..	..	26.4	.. 210
1927	..	..	..	..	32.6	.. 210
1926	..	..	..	..	26.8	.. 186
1925	..	..	..	..	23.1	.. 175
1924	..	..	..	..	28.5	.. 198
1923	..	..	..	..	25.0	.. 201
1922	..	..	..	..	29.2	.. 187

SECTION C.

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Sanitary Circumstances of  
the Area





## SECTION C.

### Sanitary Circumstances of the Area

#### 1. (i) Water.

I am indebted to the courtesy of Mr. G. T. Edwards, M.I.C.E., Water Engineer, for the following information :—

“There have been no new sources of water supply during the past year, and the only extensions of mains within the City have been those to the various building estates.

“The local watersheds have been inspected weekly for any possible sources of contamination.

“The supply has been satisfactory, both in quality and quantity.

“The daily consumption throughout the authorised area increased by an average of half a million gallons per day over the previous year.”

The water supply of the City is obtained from four sources, the Derwent Valley reservoirs, Cropston, Swithland and Thornton reservoirs. The bulk of the supply is from the Derwent Valley. This is an upland surface water of great natural purity. The main pipe line brings the water to the pressure filter plant at Hallgates, after passing through which the water goes to a service reservoir holding about a day's supply. From here the water proceeds by gravity and supplies the high level service of the City and surrounding area.

About  $7\frac{1}{2}$  million gallons a day are supplied from this source and provide a drinking water of entirely satisfactory character.

The three local supplies, Swithland, Cropston and Thornton, are collected under conditions which do not allow of such a high standard of purity as does the Derwent Valley water. But the closest watch is kept by the Water Department on all possible sources of contamination, and gradually the control of all sewage schemes on the gathering grounds is passing into the hands of that Department.

This water, after storage, is filtered by ordinary sand filtration and subsequently chlorinated before being pumped to service reservoirs, whence it supplies mainly the low level area of supply. There is, however, considerable admixture of water from each of the four sources all over the City, and it is quite impossible to state that such and such area is supplied by any particular reservoir.

After filtration and chlorination the standard of water from the three local reservoirs is very high and is entirely satisfactory from a drinking point of view.

No water is supplied to the mains from wells, so it will be seen that the risk of contamination of the City's water, while efficient filtration and chlorination continue, is very slight.

The closest co-operation exists between the Water and Health Departments, and the Water Engineer has always shown himself ready to ask and take the advice of the Health Department in any matter arising out of the purity of the water supply.

Steps have recently been taken to increase the number of samples of water taken and analysed throughout the City, under ordinary drinking conditions. The results of these analyses have been entirely satisfactory. (See page 204).

## (ii) **Drainage and Sewerage.**

I am indebted to the courtesy of Mr. A. T. Gooseman, M.I.C.E., City Engineer and Surveyor, for the following information :—

### **“Sewers.**

“During the year 1937, 5.17 miles of new sewers have been laid ranging in size from 54 in. diameter to 9 in. diameter, 2.40 miles being foul water sewers and 2.77 miles storm water sewers.

“The Scraftoft Valley Foul Water Sewer and that along Uppingham Road and Spencefield Lane have both been completed and new foul water sewers have been laid in Red Hill, Gwendolen Road and Stonesby Avenue, whilst the New Parks Main Valley Sewer is well in hand.

“Storm sewers have been completed in Melton Road and have also been laid in Overton Road, Old Saffron Lane, Stonesby Avenue, Braunstone Lane and Barkby Lane, whilst storm sewers for Spencefield Lane have been commenced.



“Two local storm overflows in Oak Street and Beatrice Road, each 24 in. diameter, and a large 54 in. storm overflow from the Aylestone Main Sewer in the County Cricket Ground to the River Soar have been laid. These should greatly minimise the risk to houses of flooding in time of storm.

“Old brick tributary sewers have been replaced by modern pipe sewers in West Goscote Street, Gartree Street, Andover Street, Lincoln Street, College Street (part), Hobart Street and Laurel Road (part).

### **“Sewage Disposal.**

“The total flow of sewage during the year was 4,956,922,000 gallons and 143,339 tons of sludge have been dealt with on the land.

“The effluents from the Farm and Low Level Disposal Works which are regularly analysed by the Resident Chemist have been satisfactory throughout the year.

“A Chlorination Plant capable of dealing with 2,000 lbs. of chlorine per day has been installed at the Abbey Pumping Station for the purpose of chlorination of storm water and the prevention of septic conditions in the rising mains during the summer months.

“The scheme for the extension of the Sewage Disposal Works, involving an expenditure of £90,000, has been approved by the City Council and the loan has been provisionally sanctioned by the Ministry of Health. The extensions consist, principally, of additional pumping machinery at the Pumping Stations, a Partial Activated Sludge Plant to deal with 1,000,000 gallons of sewage per day and a Sludge Digestion Tank to deal with a considerable proportion of the Sludge produced at the Works.

## **2. “Rivers and Watercourses.**

“The Main River is under the control of the River Trent Catchment Board. The work of dredging, however, is carried out for them by the Corporation and, in addition, the River is regularly patrolled within the City Boundaries and all dead animals and floating debris collected and disposed of.

“All streams and watercourses within the City are inspected and cleansed where necessary. This work includes the straightening, widening and grading of the invert to prevent pools

of stagnant water forming. In this respect particular mention may be made of work carried out on portions of the Evington and Saffron Brooks.

### 3. (i) **Closet Accommodation.**

See page 228 in Chief Sanitary Inspector's Report.

### (ii) **Public Cleansing.**

No change of importance to report. The method of disposal by controlled tipping was extended so that over 50 per cent. of the City's refuse was dealt with in this manner. The Nedham Street destructor was closed.

(iii) **Sanitary Inspection of the Area.** See page 223.

(iv) **Shops.** See page 246.

(v) **Smoke Abatement.** See pages 208 and 249.

(vi) **Swimming Baths and Pools.** See page 203.

(vii) **Eradication of Bed Bugs.** See page 228.

These matters are all dealt with in the reports of the Chief Sanitary Inspector and Public Analyst.

### 4. **Schools.**

Reference should be made to my report as School Medical Officer.

**SECTION D.**



**HOUSING**





## SECTION D.

# H O U S I N G

### New Houses.

During the year 1937, 2,266 new houses were erected within the City. Of these, 1,497 were built by private enterprise, and 769 by the Housing Committee.

The houses erected by the Housing Committee were allocated as follows :—

Northfield House Estate .. .. .	319
Braunstone Estate .. .. .	450

The following Table shows the number of houses built during the last ten years .—

NUMBER OF NEW HOUSES ERECTED, 1928-1937.				
Year.	By Private Enterprise.		By Housing Committee.	Total.
	Without subsidy.	With subsidy.		
1928	481	523	587	1,591
1929	348	680	396	1,424
1930	583	—	505	1,088
1931	632	—	372	1,004
1932	792	—	584	1,376
1933	1,085	—	62	1,147
1934	1,493	—	82	1,575
1935	1,800	—	245	2,045
1936	1,798	—	416	2,214
1937	1,497	—	769	2,266
Totals ..	10,509	1,203	4,018	15,730

Note : The figures prior to 1935 relate to the City previous to extension.

## SLUM CLEARANCE.

At the end of 1936, it was possible to report that considerable progress had been made in the Slum Clearance Scheme. During 1937, progress has been even more rapid. During the latter year, 1,463 houses have been represented as unfit, and 1,382 have been confirmed as such. Certain of the remainder are still under consideration.

In these 1,463 houses, 4,340 people lived. 586 houses have been demolished. The significance of these figures will be realised when it is said that in the year 1937, the work done was more than half that done in all the previous period.

The following Table shows the progress of the scheme up to the end of 1937 :—

Area.	No. of Old Houses.		Population.		No. of New Houses re-quired.	No. of Houses Demo-lished.
	In Scheme.	Con-firmed.	In Scheme.	Con-firmed.		
<i>Up to end of 1936.</i>						
Nos. 1-15, 17-56	1,993	1,423	6,914	5,151	1,901	853
Individual unfit houses ..	399	350	1,358	1,231	356	
<i>During 1937.</i>						
Nos. 1-15, 17-98	1,418	1,306	4,197	4,003	1,401	586
Individual unfit houses ..	45	76	143	233	39	
<i>Total up to end of 1937.</i>						
Areas ..	3,411	2,729	11,111	9,154	3,302	1,439
Individual houses ..	444	426	1,501	1,454	395	
Grand Total ..	3,855	3,155	12,612	10,608	3,697	1,439



## REHOUSING.

On the 1st January, 1938, the position was as shown in the following Tables :—

### HOUSES REQUIRED.

Area.	No. of Houses Required.	Remarks.
Nos. 1—3 .. ..	225	All rehoused
Nos. 4—7 .. ..	85	do.
Nos. 8 & 11—15 .. ..	169	do.
Nos. 9, 10, 17, 18 & 19	239	Rehousing in progress
Nos. 20—33 .. ..	413	do.
Nos. 34—42 .. ..	237	do.
Nos. 43—47 .. ..	62	do.
Nos. 48 & 49 .. ..	24	do.
Nos. 50 & 51 .. ..	19	do.
Nos. 52—54 .. ..	405	do.
Nos. 55—79 .. ..	594	Rehousing to commence from 10.1.38
Nos. 80—82 .. ..	211	do.
Nos. 83—87 .. ..	343	
Nos. 89—98 .. ..	276	
Individual Unfit Houses	395	245 rehoused
Total .. ..	3,697	

### HOUSES AVAILABLE.

New Estate.	Houses Available or being built.	Houses Occupied.	Remarks.
Tailby .. ..	213	213	
Freake's .. ..	241	241	
Northfield No. 1 .. ..	70	70	
Northfield No. 2 .. ..	200	200	
Braunstone .. ..	240	240	
Northfield No. 3 .. ..	307	307	
New Parks .. ..	—	—	Land bought. No definite programme.
Braunstone .. ..	350	350	
Braunstone .. ..	274	88	
Braunstone .. ..	400	—	Contract let April, 1937
Totals .. ..	2,295	1,709	

## OVERCROWDING.

Number of overcrowded families (excluding those in Slum Clearance houses) requiring alternative accommodation on the "appointed day," January 1st, 1937 .. ..	460
Number of dwellings overcrowded at the end of the year ..	260
„ families dwelling therein .. ..	260
„ persons „ „ .. ..	1,932
„ new cases of overcrowding during the year ..	154
„ cases of overcrowding relieved during the year	354
„ persons concerned in such cases .. ..	2,702
„ overcrowded families living in Slum Clearance houses on the "appointed day" .. ..	290
„ such families where overcrowding has been relieved .. ..	121
„ Number of persons concerned in such cases	545

During the year there have been two cases in which Dwelling Houses have become overcrowded, after steps had been taken for the abatement of the overcrowding :—

(1.) A tenant sub-let a furnished room at his house to a man and wife and their four children, who were re-housed by the Corporation. Shortly afterwards the room was again re-let by the same tenant to another family. The matter was reported to the Health Committee, and a warning letter was sent to the tenant by the Town Clerk. The sub-tenant subsequently left the premises.

(2) An overcrowded tenant with a family of eight adults moved on his own account as a Sub-Tenant into premises where the occupier used the Front Room as a lock-up shop. The owner and the occupier were informed that the premises had become overcrowded, and the Sub-Tenant again moved on his own account into a larger house. Subsequently he returned as occupier to the above mentioned premises, after the Front Room had been vacated as a lock-up shop, and this case of overcrowding was thus abated.

In view of the special circumstances of another case, where a disabled ex-service man, with a large family, had converted (with the landlord's permission) his front living-room into a tailor's workshop, the Corporation have taken on lease a dwellinghouse and shop in the immediate neighbourhood as alternative accommodation, and the overcrowding has been relieved.

## ABATEMENT OF OVERCROWDING.

Number of overcrowded families at "appointed day" ..	..	460
,, new cases of overcrowding during the year ..	..	154
		<hr/>
Total number of overcrowded houses .. .. .	..	614
 <b>Less (i) Privately owned houses where overcrowding has been abated by :—</b>		
(a) Corporation re-housing .. .. .	..	149
(b) Tenant obtaining house elsewhere ..	..	57
(c) Reduction in family (marriage, etc.) ..	..	69
 <b>Less (ii) Corporation houses where overcrowding has been abated by :—</b>		
(a) Exchange of houses or re-distribution ..	..	53
(b) Tenant obtaining house elsewhere ..	..	10
(c) Reduction in family (marriage, etc.) ..	..	16
		<hr/>
Number of families where overcrowding has been abated		354
		<hr/>
Number of families overcrowded at the end of the year ..		260
		<hr/>

# TABLE 15.

## HOUSING STATISTICS

For year ended 31st December, 1937.

### 1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. ..	15,118
(b) Number of inspections made for the purpose .. ..	23,470
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .. ..	3,237
(b) Number of inspections made for the purpose .. ..	9,270
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,813
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation .. .. .	2,509

### 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	873
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### 3.—Action under Statutory Powers.

#### A—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	6
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .. .. .	1
(b) By Local Authority in default of owners ..	Nil

#### B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	2,106
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .. .. .	28
(b) By Local Authority in default of owners ..	Nil

#### C—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling houses in respect of which Demolition Orders were made .. .. .	37
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .	100

#### D—Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..	Nil



## SECTION E.

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# Inspection and Supervision of Food

Details of matters in this section will be found in the reports of the Public Analyst and Chief Sanitary Inspector, pages 193 and 223.



# Report on the Tuberculosis Dispensary for 1937

By

WYVILLE S. THOMSON, M.D., D.P.H., Edin.,  
Tuberculosis Medical Officer,

with foreword by the Medical Officer of Health.

## COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In including in the Annual Report for 1937, Dr. Thomson's survey of the work of his Department during the year under review, I wish to draw attention to certain particular points.

1. Perhaps the most satisfactory feature of the survey is the Table on page 60 which shows that since 1918 the notifications of patients suffering from Tuberculosis have dropped by practically 50 per cent., the greater proportion of the fall having been since 1928. It is true that in 1937 more persons died from the disease than in 1936, but both 1935 and 1936 had achieved low records in this respect and we must expect a set-back occasionally. Nevertheless, the general trend of the rates is very satisfactory.

2. It is also pleasing to note that there are approximately 100 less patients "on the register" than last year, the figures being 2,215 for 1936 and 2,112 for 1937. It will be obvious, however, that there is still much room for improvement.

3. One disquieting feature has been the difficulty in getting patients into hospital. Both at the Sanatorium and at the City General Hospital, fewer beds have been available, and the Department is eagerly awaiting the opening of the 80-bed Tuberculosis Pavilion and the 48-bed Infectious Disease Wards at the Isolation Hospital referred to in my last report (page 104).

4. The final matter to which I would direct attention will be found at the end of Dr. Thomson's report. An *ad hoc* enquiry was made into the condition of those ex-patients whose names had been removed from the register during 1936. It is appreciated that the interval was not long but the results of the enquiry were strikingly satisfactory. Of 66 men, 69 women and 20 children whose names had been crossed off as "recovered," no less than 61 men, or 92 per cent., 58 women, or 84 per cent., and 18 children, or 90 per cent., were either at work or were physically fit to be at work. Not one single case had shown any recrudescence of Tubercular trouble.

These figures are, I suggest, an excellent testimonial to the quality of the work carried out at the Dispensary.



# Report on the Tuberculosis Dispensary for 1937

By

WYVILLE S. THOMSON, M.D., D.P.H., Edin.,  
Tuberculosis Medical Officer.

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## Premises.

All work in connection with Tuberculosis apart from In-patient treatment in the City is dealt with at the Tuberculosis Dispensary which is situated at 59, Regent Road.

## Staff.

The Medical Staff consists of one full-time and one part-time Medical Officer, three fully trained nurses (each of whom is responsible for the visitation over one-third of the City), and a senior and junior clerk.

## Total number of Cases of Tuberculosis in the City.

There were on 31st December, 1937, 2,112 case of Tuberculosis on the Notification Register, made up as follows :—

PULMONARY.		NON-PULMONARY.		TOTAL CASES
Males	Females	Males	Females	
842	902	201	167	2,112

## New Cases notified during 1937.

There were 433 new cases of Tuberculosis notified during the past year. Of these 345 were pulmonary and 88 were non-pulmonary. The corresponding figures for 1936 were 355 pulmonary and 79 non-pulmonary—a total of 434. There has, therefore, been a total

decrease of one. The pulmonary showed a decrease of 10, but the non-pulmonary are increased by nine.

The following table gives the number of new cases since 1918 :—

1918	....	Pulmonary, 746 ; Non-pulmonary, 82 ; Total, 828
1919	....	„ 658 ; „ 47 ; „ 705
1920	....	„ 572 ; „ 59 ; „ 631
1921	....	„ 497 ; „ 105 ; „ 602
1922	....	„ 566 ; „ 43 ; „ 609
1923	....	„ 692 ; „ 71 ; „ 763
1924	....	„ 725 ; „ 65 ; „ 790
1925	....	„ 606 ; „ 77 ; „ 683
1926	....	„ 650 ; „ 77 ; „ 727
1927	....	„ 700 ; „ 80 ; „ 780
1928	....	„ 668 ; „ 117 ; „ 785
1929	....	„ 657 ; „ 77 ; „ 734
1930	....	„ 582 ; „ 66 ; „ 648
1931	....	„ 511 ; „ 61 ; „ 572
1932	....	„ 442 ; „ 69 ; „ 511
1933	....	„ 438 ; „ 74 ; „ 512
1934	....	„ 331 ; „ 72 ; „ 403
*1935	...	„ 460 ; „ 100 ; „ 560
1936	....	„ 355 ; „ 79 ; „ 434
1937	..	„ 345 ; „ 88 ; „ 433

\*City Boundary extended and population increased by about 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

One can see at a glance that, notwithstanding the fact that we are dealing with a much larger population, the number of notifications of new cases is just about half what it was in 1918.

During the year 175 of the pulmonary and 30 of the non-pulmonary cases were notified by the Tuberculosis Officer and it is interesting to note that 83 per cent. of all the notified cases of Pulmonary Tuberculosis had either been examined by one of the Tuberculosis Officers or had had their sputum examined and reported on previous to notification.

Every effort is still being made to prevent the spread of infection and so reduce the number of new cases, and the public generally are now more willing to act on advice given in regard to means of preventing infection. The ambulatory case, who goes about coughing up the germs of consumption, is a perpetual source of danger to others. If only he could be segregated till free from infection, the number of new cases would rapidly diminish. Similarly, all bed-ridden infective

cases should be treated in hospital in order to reduce the danger to which other members of the family are exposed. It is for this reason that I have continually pressed for additional accommodation at the Sanatorium. The larger the number of beds occupied by infectious cases in institutions, the smaller is the number free to go about disseminating the germs of the disease.

The following table gives the sex and age periods of those notified during 1937 :—

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	—	1	11	17	21	9	34	35	30	25	8	191
Females ..	—	—	8	11	23	18	39	27	14	8	1	154
Non-pulmonary												
Males ..	3	6	6	9	8	4	6	5	4	2	2	55
Females ..	3	9	3	1	5	6	2	—	1	2	1	33

It may be noticed that more pulmonary cases of children have been notified during the age periods 5—10 and 10—15, than in 1936 (19 and 28 as contrasted with 8 and 11).

This, however, does not mean that there has been an increase in the number of children affected, but that we are now notifying those children whom previously we had classified as “extremely suspicious.” During the year only six children were discovered who were excreting the germs of consumption. These “T.B. Plus” cases are treated in the main Sanatorium buildings—not at Anstey Lane. All the others have been under observation at Anstey Lane Sanatorium and none of them has had Tubercle Bacilli in the sputum. From the radiological evidence we considered it safer to enter their names on the Notification Register as “T.B. Negative” cases and by so doing we are able to keep them under more careful supervision, after their discharge from Sanatorium, than can be done with non-notified cases.

In last year’s report attention was drawn to the interesting fact that there was a steady decline in the number of young adolescents (from 15 years to 24 years inclusive) notified as suffering from Pulmonary Tuberculosis and also that whereas females of this age period always exceeded the males, there were actually 5 fewer adolescent females notified than males in 1936. The year just ended still shows a satisfactory decline, there being 9 fewer than in 1936 (76 as contrasted with 85) but the females notified have again considerably exceeded the males, there being 46 females to 30 males. These cases almost invariably have Tubercle Bacilli in the sputum.

The following table gives the number of notifications in young adolescents during the past six years :—



Ages.	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1932		1933		1934		1935		1936		1937	
	15-20	20-25	15-20	20-25	15-20	20-25	15-20	20-25	15-20	20-25	15-20	20-25
Males ..	30	31	22	31	18	26	18	24	18	27	21	9
Females..	32	43	34	40	19	27	21	36	15	25	28	18
Total ..	62	74	56	71	37	53	39	60	33	52	49	27
Total both sexes	136		127		90		99		85		76	

This reduction in the number of young adolescents notified, is very satisfactory and, as will be noticed from the above table, there has been a fall from 136 to 76, or over 43% during the past six years.

These young adult cases are generally acute and unless promptly dealt with are most likely to proceed to a rapidly fatal termination. It is in such cases as these that prolonged Sanatorium treatment, together with Collapse Therapy, gives the best results. Generally, not less than twelve months' institutional treatment is necessary, and where collapse of the diseased lung is by means of artificial pneumothorax, weekly refills at the Sanatorium, are continued for at least another twelve months. By this method of treatment the great majority, infective on admission, are discharged in a non-infective condition. Many such patients, formerly regarded as hopeless, have now a fair chance of making a perfect recovery.

### Deaths.

(Note.—In the following paragraph the figures for 1937 for deaths are those allocated locally, which differ somewhat from those given by the Registrar-General (see page 14)).

The total deaths from Tuberculosis for the year 1937 numbered 251 of which 216 were due to pulmonary and 35 to non-pulmonary disease.

The total figure for 1936 was 230, of which 202 were pulmonary and 28 non-pulmonary. There has, therefore, for the first time since 1933 been an increase in the deaths from Tuberculosis, the total increase on the 1936 figures being 14 pulmonary and 7 non-pulmonary.

The total death-rate per 100,000 has increased from 88 to 95, the pulmonary rising from 77 to 82 and the non-pulmonary from 11 to 13.

As in previous years we have, as far as possible, advised the removal of hopeless and dying cases to Hospital, not only for the skilled attention they receive, but in order to lessen the strain and danger of infection to relatives. Of the total deaths, 29 died in Groby Road Sanatorium, 88 in the City General Hospital, 19 in other institutions and 136 at their own homes.



The following Table gives the number of Deaths and death-rate from Tubercular Diseases since 1904 :—

<div>TABLE 16.</div> <div>Number of Deaths from Tubercular Diseases in Leicester in past years.</div>						
Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915	325	143	76	33	401	177
1916	306	135	67	29	373	165
1917	343	157	78	35	421	193
1918	316	145	82	37	398	182
1919	264	111	62	26	326	138
1920	255	107	72	30	327	138
1921	278	116	73	30	351	147
1922	294	123	67	28	361	151
1923	285	119	36	15	321	135
1924	287	120	62	25	349	146
1925	305	127	59	24	364	152
1926	282	118	43	17	325	136
1927	283	118	63	26	346	144
1928	265	110	42	17	307	128
1929	266	110	53	21	319	132
1930	227	94	44	18	271	112
1931	262	108	49	20	311	129
1932	240	100	33	14	273	113
1933	269	111	32	14	301	125
1934	223	92	19	8	242	100
1935	234	91	18	7	252	98
1936	202	77	28	11	230	88
1937	216	82	35	13	251	95

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1937 :—

TABLE 17.						
Age and Sex Distribution of Deaths from Phthisis in 1937.						
Age Period.			Males.	Females.	Total.	
0—1	..	..	..	..	..	
2—4	..	..	1	..	1	
5—9	..	..	..	..	..	
10—14	..	..	2	1	3	
15—19	..	..	3	7	10	
20—24	..	..	12	11	23	
25—34	..	..	25	25	50	
35—44	..	..	26	18	44	
45—54	..	..	33	12	45	
55—64	..	..	20	6	26	
65 and upwards	..	..	10	4	14	
All ages	..	..	132	84	216	

Occupations of Persons Dying from Phthisis in 1937.							
			M.	F.			
SHOE TRADE :							
Finishers	..	..	8	..	Army Pensioners	..	..
Clickers	..	..	9	..	Boxmakers	..	..
Rivetters	..	..	..	..	Porters	..	..
Pressmen	..	..	2	..	Licensed Victuallers	..	..
Machinists	..	..	2	2	Shop Assistants	..	..
Various	..	..	7	5	Warehousemen	..	..
Total in Shoes	..	..	28	7	Various	..	..
*Hosiery Trades..	..	..	8	8	Occupations not stated	..	..
Labourers	..	..	12	..	(includes Married	..	..
Clerks	..	..	4	..	Women, Widows,	..	..
Tailoring Trade	..	..	1	1	Children and Per-	..	..
Vanmen	..	..	1	..	sons of no occupa-	..	..
Soldiers	..	..	..	..	tion) ..	..	..
Engineers	..	..	6	..	Grand Total	..	..
Painters	..	..	1	..			
Dressmakers	..	..	..	1			

\* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

An analysis of the pulmonary deaths which occurred during 1937 shows, in the first portion of the following tables those who had had institutional treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had institutional treatment. In the third portion details are given of those who were never examined at the Dispensary—chiefly patients in other institutions, e.g., Mental Hospital, Royal Infirmary, &c. Included here are also those patients who did not desire examination at the Dispensary, only seven in all.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.										
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over	
T.B. - ve cases 13 .. ..	5	2	—	1	—	—	—	1	4	
T.B. + ve Stage I. 48 ..	—	—	—	1	2	6	2	9	28	
T.B. + ve Stage II. 83 ..	5	6	1	10	11	7	7	9	27	
T.B. + ve Stage III. 32 ..	7	3	2	4	4	4	3	3	2	
Total 176 .. ..	17	11	3	16	16	17	11	22	61	

Of the total 176 recorded in this table 45 were treated at both Groby Road Sanatorium and the City General Hospital. 63 were treated at Groby Road Sanatorium only and 68 at the City General Hospital only.



PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. - ve cases. 6 .. ..	1	—	1	—	1	—	1	—	2
T.B. + ve Stage I. — ..	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II. 14 ..	—	1	2	4	1	3	—	—	3
T.B. + ve Stage III. 6 ..	3	—	—	1	1	—	1	—	—
Total 26 .. ..	4	1	3	5	3	3	2	—	5

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
7	2	1	1	2	—	—	—	—	1

These tables account for 209 deaths. In addition there were seven deaths of patients who had never been notified as suffering from Tuberculosis. This gives the total of 216 Pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) during the past six years.

The total number of children under 15 years of age dying from Pulmonary Tuberculosis is low, and as will be seen from the following table, it varies considerably from year to year. There were four deaths in 1937 as compared with one in 1936, but if we compare the three years 1932-4 with the three years 1935-7 we see that there has been a drop from 23 to 13 or 44% which cannot but be regarded as a satisfactory reduction.



**Deaths from Pulmonary Tuberculosis in Children (0-14)**  
During the past six years.

Ages.	1932			1933			1934			1935			1936			1937		
	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males	1	—	1	2	—	2	2	—	—	1	1	1	—	—	—	1	—	2
Females	2	—	1	3	1	4	2	2	—	4	—	1	1	—	—	—	—	1
Total	3	—	2	5	1	6	4	2	—	5	1	2	1	—	—	1	—	3
Total each year	5			12			6			8			1			4		

It is unfortunate that for some months, treatment of children in Anstey Lane Sanatorium has had to be suspended—that institution being required for the treatment of Diphtheria cases.

**Deaths from Pulmonary Tuberculosis in Young Adults (15-24)**  
during the past six years.

In last year's report it was pointed out that there had been a remarkable reduction in the deaths of young adults corresponding with the reduction in the notifications. The year just ended shows an increase of two, as compared with 1936, as can be seen from the following table :—

**Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.**

Ages.	1932		1933		1934		1935		1936		1937	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	7	14	7	14	5	15	5	10	3	6	3	12
Females ..	16	15	16	24	9	21	17	12	4	18	7	11
Total	23	29	23	38	14	36	22	22	7	24	10	23
Total	52		61		50		44		31		33	

**Non-Pulmonary Deaths.**

It is disappointing to have to record that during the year 1937 there has been a considerable increase in the deaths from non-pulmonary Tuberculosis—in fact the figure 35 is the highest we have had since 1931 when there were 49 non-pulmonary deaths.

The following tables gives the site of the disease of those dying from non-pulmonary Tuberculosis :—

Bones & Joints	Kidney & Bladder	Abdominal	Meninges	Miliary
6	5	7	9	8

In 1936 none died from Bone and Joint Tuberculosis and only one from Kidney and one from Adbominal Tuberculosis. There has been a decided fall during the year 1937 in the number dying from acute forms of Tuberculosis—Meningitis and Miliary—these totalling 17 (9 and 8 respectively) as contrasted with 26 (16 and 10 respectively) during 1936.

Of the total 35 non-pulmonary deaths 18 are known to have been in contact with one or more persons suffering from Pulmonary Tuberculosis and sixteen of the deaths were children under 15 years of age.

The table on page 69 has been drawn up to show the site of the disease in children (0-14) who died from non-pulmonary Tuberculosis during the past six years.

Meningitis is obviously the most common cause of death, though in 1937 the total figure of 7 (3 males and 4 females) is the lowest recorded. The figures fluctuate considerably from year to year, just as do the pulmonary, but if we compare the three years 1932-4 with the three years 1935-7, we find that there has been a drop from 48 to 41, equivalent to a reduction of 15%.

### Recovered Cases.

During the past year it has been possible to remove the names of 141 patients from the register as having “recovered.” Of these 117 were pulmonary and 24 were non-pulmonary. The pulmonary cases had remained free from signs of active disease for not less than five years. On discharge 103 were adults (of whom 25 had at one time had Tubercle Bacilli in the sputum) and 14 were children.

All of the 24 non-pulmonary cases had remained free from active trouble for not less than three years. In 6 cases the trouble was in the bones and joints and most of them had received treatment from Mr. Morris (the Orthopaedic Surgeon). In 6 cases the disease was in the abdominal organs, in 11 cases in the peripheral glands and in 1 case in the skin of the face.

It is interesting to note that of the 1,771 patients discharged as “recovered” during the past six years only 38 (a little over 2 per cent.) have broken down and been taken on again with signs of active disease.

Deaths from Non-Pulmonary Tuberculosis in Children (0-14)  
During the past six years.

		1932			1933			1934			1935			1936			1937		
Ages.		—4	—9	—14	—4	—9	—14	—4	—9	—14	—4	—9	—14	—4	—9	—14	—4	—9	—14
Males	Bones and Joints ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Kidney and Bladder ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal ..	1	—	—	2	—	—	—	—	—	—	—	—	3	—	—	—	—	—
	Meninges ..	4	1	1	5	2	2	3	1	1	2	—	2	6	2	1	2	—	1
	Miliary ..	2	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—
Females	Bones and Joints ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
	Kidney and Bladder ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal ..	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
	Meninges ..	4	1	3	5	—	1	1	1	2	3	1	1	—	1	—	4	—	—
	Miliary ..	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	2	—	1
Total ..		11	2	5	14	2	5	4	2	3	5	2	3	7	4	4	14	—	2
Total each year ..		18			21			9			10			15			16		



The following tables made out for the Ministry of Health from information contained in the Register for the year 1937, and containing information as to the condition of patients previous to 1927, and for each subsequent year, should prove of considerable interest.

### ANALYSIS OF CASES ON DISPENSARY REGISTER.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A. New Cases examined during the year excluding contacts:—														
(a) Definitely Tuberculous ..	129	117	9	12	15	14	23	7	144	131	32	19	326	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	13	7	14	10	44	
(c) Non - Tuberculous .. ..	—	—	—	—	—	—	—	—	187	244	50	56	537	
B. Contacts examined during the year:—														
(a) Definitely Tuberculous ..	4	4	15	11	—	—	—	—	4	4	15	11	34	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	2	—	10	8	20	
(c) Non - Tuberculous .. ..	—	—	—	—	—	—	—	—	84	129	125	132	470	
C. Cases written off Dispensary Register:—														
(a) Recovered ..	49	54	9	5	7	7	4	6	56	61	13	11	141	
(b) Non - Tuberculous ..	—	—	—	—	—	—	—	—	306	400	206	229	1141	
D. Number of Cases on Dispensary Register on December 31st:														
(a) Definitely Tuberculous ..	645	577	61	60	87	82	85	66	741	659	146	126	1672	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	27	15	25	21	88	
1. Number of cases on Dispensary Register on January 1st .. .. .			1,870		2. Number of cases transferred from other areas and cases returned after discharge .. ..			58						
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..			97		4. Cases written off during the year as dead (all causes) .. .. .			220						
5. Number of attendances at the Dispensary ..			12,567		6. Number of Insured Persons under Domiciliary Treatment on December 31st .. .. .			252						
7. Number of consultations with medical practitioners. (a) Personal .. .. (b) Other .. ..			96 778		8. Number of visits by Tuberculosis Officers to homes of patients for the purpose of examination			546						
9. Number of visits by Nurses to homes for Dispensary purposes ..			7,912		10. Number of : (a) Specimens of sputum .. .. (b) X-ray examinations made in connection with Dispensary work			1,596 1,445						
11. Number of "recovered" cases restored to the Dispensary Register ..			4		12. Number of "T.B. plus" cases on Dispensary Register on December 31st			804						



Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (b) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.		Previous to 1927.					1927.					1928.					1929.					1930.					1931.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Class T.B. plus.				T.B. Minus.	Class T.B. plus.				T.B. Minus.	Class T.B. plus.				T.B. Minus.	Class T.B. plus.				T.B. Minus.	Class T.B. plus.				T.B. Minus.	Class T.B. plus.				T.B. Minus.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Disease arrested.	Adults { M F	4	9	6	2	15	2	4	5	4	9	1	7	1	8	7	9	1	11	12	2	2	25	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	



PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.	1932.										1933.										1934.										1935.										1936.										1937.									
	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.	Class T.B. plus.				T.B. minus.																				
	Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)		Group 1.	Group 2.	Group 3.	Total (Class)																					
Disease arrested.	M	12	11	5	1	17	10	16	4	—	20	12	7	5	—	—	32	2	13	18	1	2	37	6	14	20	3	77	13	30	37	10	77	27	22	51	5	78																						
	F	19	5	2	7	19	10	14	5	3	19	8	14	3	—	—	23	1	6	16	1	2	29	11	13	14	2	53	13	19	31	3	53	44	15	38	1	54																						
	Children	2	—	—	—	—	2	—	—	—	—	—	7	—	—	—	—	4	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—																							
Disease not arrested.	M	2	9	5	3	17	1	6	6	1	13	32	2	13	18	1	32	1	1	1	—	1	37	6	14	20	3	70	44	28	37	5	70	34	49	71	13	133	111	38	93	6	137																	
	F	3	2	6	1	9	2	8	9	2	19	23	1	6	16	1	23	1	1	1	—	2	29	11	13	14	2	53	13	19	31	3	53	44	15	38	1	54																						
	Children	—	—	—	—	—	2	1	1	—	2	2	2	1	1	—	2	4	—	—	—	—	1	4	—	—	—	3	8	—	3	—	3	40	1	4	—	5	—	—																				
Condition not ascertained during the year ..	..	1	2	—	—	2	—	3	—	—	3	—	2	—	—	—	—	3	—	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																		
Total on Dispensary Register on Dec. 31st ..	..	39	29	18	5	52	27	48	25	3	76	77	43	32	43	2	77	44	28	37	5	70	44	28	37	5	70	34	49	71	13	133	111	38	93	6	137	—	—	—	—																			
Discharged as recovered.	M	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																	
	F	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																	
	Children	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																
Lost sight of or otherwise re-moved from Dispensary Register		27	20	17	2	39	15	10	7	—	17	15	5	3	9	3	15	6	8	1	1	10	6	8	1	1	10	1	4	4	—	8	1	1	—	2	—	—	—	—	—	—	—	—																
Dead.	M	7	23	43	20	86	4	18	50	33	101	86	8	14	45	27	86	10	8	30	19	57	10	8	30	19	57	8	1	41	11	53	2	2	15	8	25	—	—	—	—	—	—	—																
	F	15	17	28	15	60	14	11	46	30	87	30	7	5	20	5	30	8	10	24	9	43	8	10	24	9	43	2	6	14	15	35	3	1	13	4	18	—	—	—	—	—	—	—																
	Children	3	1	—	—	3	2	—	—	—	1	1	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—															
Total written off Dispensary Register ..	..	62	62	88	39	189	35	39	103	64	206	131	20	22	74	35	131	25	27	55	29	111	25	27	55	29	111	13	11	59	26	96	7	4	30	12	46	—	—	—	—	—	—	—																

(a) Remaining on Dispensary Register on 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.



NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.		Previous to 1927.					1927.					1928.					1929.					1930.					1931					
		Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	
(a) Remaining on Dispensary Register on December 31st.	Disease arrested.	M	1	—	—	1	1	—	—	—	2	3	—	—	—	1	1	—	—	—	1	1	—	—	—	1	1	—	—	—	—	1
		F	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
	Disease not arrested.	Children	4	1	1	7	3	—	—	—	2	—	—	—	—	2	4	1	—	1	6	5	—	—	—	7	5	—	—	—	—	5
		Adults	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Children	1	—	1	—	2	—	—	1	—	—	1	—	—	—	1	1	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—
Condition not ascertained during the year .. ..		1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register on Dec. 31st .. ..		9	1	8	1	19	5	—	2	2	9	6	1	2	—	9	8	2	—	2	12	9	—	1	—	12	8	1	2	1	12	—
Transferred to Pulmonary .. ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered.	M	12	3	5	8	—	—	—	—	—	3	1	—	1	5	—	—	—	4	4	3	1	1	6	3	2	—	—	3	9	—
		F	31	3	3	16	2	2	1	—	5	2	6	1	1	10	—	—	—	1	1	3	—	2	5	2	—	—	—	—	2	—
	Lost sight of or otherwise removed from Register .. ..	Children	35	12	11	25	6	8	4	5	23	6	3	—	7	16	1	4	—	4	9	4	2	—	11	1	3	1	1	6	—	—
		Adults	20	12	33	50	7	4	1	2	14	9	3	2	6	20	8	3	2	7	20	2	2	—	—	6	7	2	—	2	11	—
	Dead.	M	52	22	28	3	2	2	—	1	5	2	1	1	1	5	3	—	1	—	4	—	—	—	—	3	2	2	—	—	—	4
Total written off Dispensary Register .. ..		Children	85	70	18	3	1	—	—	2	1	1	—	—	2	1	2	2	—	—	3	2	1	—	4	1	2	—	—	—	3	—
Total written off Dispensary Register .. ..		303	197	107	109	716	19	16	7	9	51	25	18	4	17	64	13	10	4	16	43	14	10	4	10	38	18	11	2	7	38	—
GRAND TOTALS .. .. (excluding those transferred to Pulmonary)		312	198	115	110	735	24	16	9	11	60	31	19	6	17	73	21	12	4	18	55	23	10	5	12	50	26	12	4	8	50	—



NON-PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.	1932.					1933.					1934.					1935.					1936.					1937.				
	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.					
(a) Remaining on Dispensary Register on December 31st.	Adults { M F	2	—	—	2	1	—	2	1	4	1	3	—	—	7	3	2	2	—	—	1	—	1	—	1					
	Children	—	—	1	1	2	1	—	1	6	3	1	2	1	6	1	—	1	—	—	—	—	—	1						
	Adults { M F	3	1	—	3	—	—	—	—	3	2	—	1	—	7	4	—	—	—	—	—	—	—	—						
	Children	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Condition not ascertained during the year .. ..						1	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Total on Dispensary Register on December 31st .. ..		12	1	3	5	21	16	2	7	32	20	6	7	14	47	22	12	8	10	52	24	6	5	7	42					
Transferred to Pulmonary .. ..		—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Discharged as recovered.	Adults { M F	2	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
	Children	1	1	—	3	5	—	1	3	4	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—					
	Lost sight of or otherwise removed from Dispensary Register		7	3	2	2	14	4	4	—	10	—	—	2	3	5	—	1	2	3	6	1	2	—	1	4				
			1	1	—	—	2	1	—	—	1	—	—	—	1	—	—	2	—	1	3	—	—	—	1	—				
Dead.	Adults { M F	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—					
	Children	1	2	—	2	5	1	—	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—					
	Total written off Dispensary Register .. ..		12	7	3	7	29	6	5	1	19	—	1	3	5	9	5	1	2	4	12	2	4	—	1	7				
			24	8	6	12	50	22	7	8	14	20	7	10	19	56	27	13	10	14	64	26	10	5	8	49				
GRAND TOTALS .. .. (excluding those transferred to Pulmonary)																														

## **Tuberculosis Dispensary as the “Centre for Diagnosis.”**

The Tuberculosis Dispensary continues to hold its place as the “Centre for Diagnosis,” and doctors have no hesitation in sending patients whenever they have any doubts as to the presence or absence of Tuberculosis. Notes from 103 different doctors requesting an opinion on 778 cases were received and dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

### **Clinical Examinations.**

Altogether 4,406 clinical examinations were made as compared with 4,524 the previous year. Particulars are as follow :—

	Men	Women	Children	Total
First examinations ....	382	472	397	1,251
Re-examinations ....	1,250	1,123	782	3,155
	—	—	—	—
Totals	1,632	1,595	1,179	4,406
	—	—	—	—

### **“Contacts” Examinations.**

In every house where there is a case of Tuberculosis it is most important that all “contacts” should be examined, as in this way one often finds cases in the earliest stage of the disease, when with prompt treatment, the prospects of recovery are really good. Occasionally one comes across the infecting source, who may be a person who never suspected the presence of any such disease. All possible steps are then taken to prevent the infection of others.

During the past year 524 contacts were examined of whom 34 were found to be definitely tubercular and 20 are still regarded as suspicious and are being kept under observation.

Many of the children show signs of having been infected (primary infection) without actually developing the disease. Repeated examination of “contacts” is regarded as a very important part of the work of the Dispensary.

Difficulty is often experienced in getting the “young adult” contact of either sex to appear for examination, and these are just the ones in whom the disease is most likely to develop in an acute form. Stress is always laid on the importance of the examination of these cases.



## Bacteriological Examinations.

Bacteriological examinations to the number of 1,676 have been made for the tubercle bacillus, as compared with 1,770 in 1936. Of these 511 specimens were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to the doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners .. ..	62	449	511
From Patients examined at the Dispensary .. ..	459	699	1,158
Specimens other than sputum ..	—	7	7
Total ..	521	1,155	1,676

## Radiological Examinations.

The value of Radiology as an aid in the diagnosis of tubercular disease, both surgical and pulmonary, cannot be overestimated. By its means, one can often detect lesions which are not revealed on clinical examination, and it shows more clearly than can clinical examination the exact extent and type of the disease. It is of great value in giving a prognosis, as well as in deciding the method of treatment which should be adopted. A series of "X-rays" shows clearly whether progress is satisfactory or otherwise. For such reasons as these much greater use has been made of Radiology during the past few years. All such examinations are made at the Sanatorium to which in 1937 1,445 patients were sent. The figure for 1936 was 1,543. Whenever possible we always arrange for a final X-ray examination before removing patient's name from the Register as "recovered."

## Patients Passed for Sanatorium Treatment.

The Medical Superintendent of the Sanatorium (Dr. Mackenzie) and the Tuberculosis Officer meet each Monday afternoon and interview and select, from patients examined during the previous week, cases for Sanatorium treatment. Unfortunately, during the latter part of the year, owing to the Diphtheria epidemic, certain wards previously



used for Tuberculosis had to be used for Diphtheria, so that the number of Sanatorium beds has been considerably reduced.

The number of patients passed for treatment at Groby Road Sanatorium was 253. Of these 227 were adults (of whom 5 were surgical), and 28 were children (of whom 18 were surgical cases).

This shows a slight reduction on the 1936 figure, when 258 were passed for a course of Sanatorium treatment. (230 adults of whom 12 were surgical, and 28 children of whom 18 were surgical).

In July of the present year it was decided that all surgical cases of Tuberculosis should be dealt with at the Orthopaedic Department of the City General Hospital, to which those cases in Sanatorium were then transferred.

Until October Anstey Lane Sanatorium was used for those children of infective tubercular parents with chest symptoms and who showed radiological evidence of having been infected with Tuberculosis (Primary infection), though not all of them were actually suffering from the disease. Sixty-four children were admitted during the year but those remaining had to be discharged when it was found necessary to use this institution also for Diphtheria cases. It has been found that a period at Anstey Lane Sanatorium generally produces a marked improvement in the general condition of these children and the treatment given to them in the past may account for the decline in the young adults notified.

The limited accommodation at the Sanatorium has meant that many patients desiring admission or re-admission to Sanatorium had to be refused, and we hope that when the extensions now in progress at the Isolation Hospital are completed, it will be possible to deal with a considerably increased number of Pulmonary cases at that institution.

In the meantime, knowing that months must elapse before admission to Sanatorium could be obtained, we have preferred to recommend their admission to the City General Hospital, pointing out at the same time that that institution is under the care of the Health Committee just as is the Sanatorium.

### **Patients Passed for Treatment at the City General Hospital.**

During the year 209 tuberculous patients were recommended for treatment at the City General Hospital, as compared with 203 in 1936. This number includes 40 non-pulmonary cases, of whom those suffering from disease of the bones and joints were sent to the Orthopaedic Ward. Of the 169 pulmonary cases, some were acutely ill and

required immediate attention ; others were advanced or dying cases who could not be properly attended to at home and were a source of danger to their relatives. On discharge a report on each patient is sent to the Tuberculosis Officer by the Medical Superintendent.

Until the last three months of the year it had always been possible to have urgent cases removed at once to the City General Hospital, but since this time we have had a waiting list for this institution as well as the Sanatorium.

### **Patients on Dispensary Treatment.**

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, etc., so that only those patients not so provided for are dealt with at the Dispensary. During the year 147 patients received weekly treatment at the Dispensary, and at the end of the year 84 patients were attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from the Anstey Lane Sanatorium or the City General Hospital are advised to attend the Dispensary once a week in order that they may be kept under careful supervision.

### **Attendances.**

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 12,567 (as compared with 12,024 in 1936), a weekly average of nearly 250.

### **Domiciliary Treatment.**

Those insured persons under the State Insurance who, for one reason or another do not receive Sanatorium treatment, besides others discharged from the Sanatorium, are recommended for "Domiciliary Treatment" under their panel doctors. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by the doctor to the Tuberculosis Officer. During the year 273 patients received Domiciliary Treatment, and at the end of the year 252 insured persons were receiving such treatment. Three hundred and forty-six quarterly reports were sent in regarding patients under Domiciliary treatment.

### **Visits.**

There are three nurses on the Dispensary staff who spend about one-third of their time indoors and two-thirds out-doors visiting newly-notified cases besides all those patients whose names are on the Dispensary



Register. As one nurse is constantly required for the indoor work, only two nurses can be visiting at a time. They give advice, both verbal and printed, to each patient, and obtain full particulars as to the home conditions, contacts, etc. Their total visits for the year amounted to 8,337, as compared with 7,835 in 1936. In order to ensure regular visitation to each patient, the card index system is in use for each nurse.

The number of visits paid by the Tuberculosis Officers for the purpose of examination was 546, as compared with 521 in 1936.

### **Nursing of Bedridden and Surgical Cases.**

The Health Committee, by an arrangement with the District Nursing Association, provides the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those Surgical cases in need of dressings, etc. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the year 75 patients received assistance in this way. Altogether 4,024 visits were paid at a total cost of £201 4s. 0d. The figures in the previous year were 5,629 visits costing £281 9s. 0d.

### **Sleeping Shelters.**

We have a number of sleeping shelters which are lent out, free of charge, to suitable patients possessing the necessary ground on which they can be erected. During the year, four patients had the use of these shelters, one for nearly two years and three for under twelve months.

### **Additional Nourishment.**

The Health Committee grant milk to necessitous cases, under arrangement made by the Ministry of Health. They can do so up to a sum not exceeding £2 per 1,000 of the population per annum.

In April, 1927, the Committee decided to purchase only Tuberculin tested milk and this has been obtained ever since for this purpose.

Mr. Councillor C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 101 persons were granted a daily supply of milk (as compared with 102 in 1936) free of charge, at a total cost of £248 8s. 11d. Last year the total cost was £238 18s. 0d.

At the end of the year 44 patients were in receipt of a daily allowance of milk.









FRONTAGE TO GROBY ROAD





SITTING ROOM



DINING ROOM (IN ADMINISTRATIVE BLOCK)



# Report on the Isolation Hospital and Sanatorium for the year 1937

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)  
Medical Superintendent.

With foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In presenting the report of the Medical Superintendent on the work of this hospital during 1937, there are one or two comments I would like to make.

(i) **Scarlet Fever.** No epidemic occurred during 1937. No death occurred.

(ii) **Diphtheria.** In November, 1936, a change was noted in the type of infecting organism. In that month (see report for 1936, page 90) a series of cases of severe clinical diphtheria occurred—all due to the worst type of infecting organism—the “Gravis.” During 1937, this state of affairs continued—there were 50 per cent. more cases than in 1936, and a large number was infected by the “Gravis” organism. The case mortality was regrettably high—20 deaths occurred, giving a case mortality of 5.2 per cent., the highest since 1932 and the largest number of deaths since 1926. The importance of pressing forward with the Immunisation Campaign cannot be over-emphasised (see page 21).

During the year the policy of admitting all cases of doubtful diphtheria was continued. It is far better to send a case into hospital for observation than to keep it at home, and practitioners in the City are urged to co-operate with the Health Department in this way. The fallacy of trusting to the result of a swab in a doubtful case is obvious. It happens quite frequently that a severe and fulminating case of diphtheria will give a negative swab. If reliance be placed on this result, the child may die before the appropriate treatment—intravenous antitoxin in large doses—can be given.

### **Puerperal Pyrexia.**

Out of 44 cases three deaths occurred (48 and ten in 1936). This improvement is due to (a) a diminution in number of the most severe type of case which is itself partly due to the following, (b) the better centralisation of all treatment at the Isolation Hospital, and (c) improved co-operation with the medical profession whereby cases are being admitted earlier and therefore brought under specialist treatment earlier.

## **Measles.**

An epidemic occurred in 1937, and 108 cases were admitted as compared with 19 in 1936.

I would draw special attention to the fact that measles serum was supplied to other hospitals as a preventive measure.

## **Tuberculosis.**

Perhaps the main difficulty during the year has been the waiting list and lack of accommodation.

This is, of course, a temporary difficulty and it is hoped that with the opening of the new Pavilion in the latter part of 1938, the position will be improved.

In considering the figures of work done at this hospital in the treatment of this disease, it is interesting to note the great increase there has been of late years. To take one instance, the number of X-ray films has doubled since 1933. These films cost money and it is pertinent to enquire if there has been any corresponding improvement in the results of treatment.

The new method of treatment was brought into force during 1933. If we take the four years previous to that year, i.e., 1929, 1930, 1931 and 1932, the death-rate from phthisis per 100,000 population averaged 103. In the four years, 1934, 1935, 1936 and 1937, the death-rate has averaged 86, an improvement of 16.5 per cent. It is not suggested that the whole of this improvement is due to improved methods of treatment, but some part definitely is.

## **Laboratory.**

I would like to mention the work carried out by Dr. Ward and his staff in the laboratory. Frequently during the year the work has been most intensive. The laboratory has always responded to any call made on it.

## **Nurses' Home.**

Finally, I must refer to the magnificent new Nurses' Home, opened by the late Alderman Hincks, Chairman of the Health Committee and of the Hospital Sub-Committee, on the 15th September, 1937. A description of the Home, with pictures, will be found in the text of



this report. The Home should improve the amenities available to the staff very considerably.

The hospital has passed through a trying year. Infectious disease has been much to the fore. At times, the hospital has been over-full, accommodation has been difficult to arrange, many of the patients have been seriously ill and a great source of anxiety.

The medical and nursing staff have carried out their duties in a way that is worthy of all praise.

# Report on the Isolation Hospital and Sanatorium for the year 1937

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)  
Medical Superintendent.

I herewith submit the Annual Report on the work of the above Hospital for the year 1937.

Tables A and B show the number of various diseases admitted, discharged and died. See Tables A and B at end of Hospital report.

The statistics for the commoner Infectious Diseases will now be dealt with individually, the crude figures being adjusted by allowing for altered diagnosis, re-admissions, etc.

The statistics on the above diseases will be based on the verified cases discharged during the year.

## SCARLET FEVER.

Cases admitted	..	..	..	..	..	..	418
Cases discharged	..	..	..	..	..	..	391
Altered diagnosis	..	..	..	..	..	..	29
Readmissions	..	..	..	..	..	..	11
Verified cases discharged	..	..	..	..	..	..	351
Deaths	..	..	..	..	..	..	Nil

### Concurrent Infections on admission :

Scarlet Fever and Measles	..	..	..	..	2
„ „ „ Chickenpox	..	..	..	..	1
„ „ „ Diphtheria	..	..	..	..	3
„ „ „ Whooping Cough	..	..	..	..	1
„ „ „ Erysipelas	..	..	..	..	1
„ „ „ Pneumonia	..	..	..	..	1
„ „ „ Bronchitis	..	..	..	..	3

### Cross Infections :

With Diphtheria	..	..	..	..	..	..	8
„ Measles and Diphtheria	..	..	..	..	..	..	1
„ Measles	..	..	..	..	..	..	3
Return Cases	..	..	..	..	..	..	15
Return Case Rate	..	..	..	..	..	4.2 per cent.	

### COMPLICATIONS.

Otorrhoea	..	..	..	..	..	..	25
Acute Nephritis	..	..	..	..	..	..	1
Albuminuria	..	..	..	..	..	..	1
Abscesses..	..	..	..	..	..	..	4
Secondary Adenitis	..	..	..	..	..	..	37
„ Tonsillitis	..	..	..	..	..	..	11
Mastoiditis	..	..	..	..	..	..	3
Nasal Discharge	..	..	..	..	..	..	43
Minor Sepsis	..	..	..	..	..	..	23
Bronchopneumonia	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	10

The type of Scarlet Fever admitted during the year was of the mild character usually associated with an inter-epidemic period.

Unfortunately the accommodation for Scarlet Fever was very limited, and 30 cases of Scarlet Fever were refused admission in the latter part of the year, owing to further space being required for Diphtheria on account of an epidemic of that disease.

351 verified cases were discharged ; there were no deaths.

Twelve cases admitted with concurrent infections, and 12 cases of cross infections occurred within the Ward. For the future, it is hoped that the provision of Cubicle Blocks, now in process of erection, will reduce the number of cross infections.

Complications were of a mild character ; all complications were associated with sepsis ; otorrhoea is still the outstanding complication, and the majority of cases occurred in children under 5 years of age. Three cases of otorrhoea went on to Mastoiditis, and required operation.

The return case rate is about the average for the country.

### Treatment.

As in previous years, the administration of Scarlet Fever Antitoxin to suitable cases, was continued ; uncomplicated cases treated with Antitoxin were discharged in 14 days.

Number of cases receiving no antitoxin	..	..	..	32
„ „ intramuscular	„	..	..	284
„ „ intraperitoneal	„	..	..	42



In the latter part of the year a proprietary brand of antitoxin was found to greatly reduce the amount of serum sickness.

### Follow-up Clinic.

For many years, it has been a routine measure to follow up cases of Scarlet Fever discharged from Hospital within a three weeks' period of treatment ; a Follow-up Clinic is held at Regent Road each Monday afternoon.

Ten cases were re-admitted to the Hospital from this Clinic for further investigation. The results were as follow :—

Observation (no pathological condition found)	..	..	1
Otorrhoea .. .. .	..	..	1
Cervical Adenitis .. .. .	..	..	1
Albuminuria .. .. .	..	..	1
Nasal Diphtheria .. .. .	..	..	2
Rhinorrhoea .. .. .	..	..	4

All conditions cleared up satisfactorily prior to discharge.

### DIPHTHERIA.

Cases admitted .. .. .	456
Cases discharged .. .. .	400
Altered diagnosis .. .. .	77
Verified cases discharged .. .. .	323
Deaths .. .. .	17
Case mortality .. .. .	5.2 per cent.

Concurrent Infections on Admission .. .. .	Nil
--	-----

#### Cross Infections :

With Scarlet Fever .. .. .	11
„ Measles .. .. .	2

### COMPLICATIONS.

Paralysis of Heart (a) Severe .. .. .	19
„ „ „ (b) Slight .. .. .	20
„ „ Palate .. .. .	24
„ „ Ocular Muscles .. .. .	4
„ „ Pharyngeal Muscles .. .. .	3
Laryngeal Diphtheria .. .. .	7
Recovered .. .. .	5

OPERATIONS.

						Cases.	Recovered.
Suction and Intubation	..	..	..	..	..	5	3
Suction	..	..	..	..	..	2	2
Blood Transfusions	..	..	..	..	..	8	—

Virulence Tests :

Positive	..	..	..	..	..	..	..	45
Negative	..	..	..	..	..	..	..	24

Schick Tests :

Positive	..	..	..	..	..	..	..	23
Negative	..	..	..	..	..	..	..	48

Active Immunisation	..	..	..	..	..	..	..	4
---------------------	----	----	----	----	----	----	----	---

323 verified cases of Diphtheria were discharged during the year under review—there were 17 deaths. The fatality rate jumped up to 5.2 per cent.

The fatality rates from 1935 are as follow :—

1935	..	..	..	2 per cent.
1936	..	..	..	2.5 per cent.
1937	..	..	..	5.2 per cent.

The fatality rate of 2 per cent. in 1935 was the lowest ever recorded in this Hospital ; the sudden rise in the current year was due to an epidemic of virulent Diphtheria.

Table showing Mortality in Severe Cases.

Type of Disease.	Number of Cases.	Deaths.	Mortality of the Group.
Group A. Early	16	7	48.3 per cent.
Late ..	15	8	
Group B .. ..	65	0	Nil.
Laryngeal ..	7	2	28 per cent.

Group A. Early. Malignant, with thin rapid spreading membrane.  
Late. Extensive membrane, with late toxic symptoms, admitted after third day of disease.

Group B. Moderately toxic cases.

Laryngeal. Respiratory symptoms predominate.

During the year there was a marked increase in the number of Group A cases, and the increase in mortality rate comes from this group. The 15 fatal cases in Group A were all infected with the “gravis” type of organism. The two fatal cases in the Laryngeal group were both complicated by Diphtheritic bronchopneumonia.

**Classification of Types of Diphtheria Germs in Cases discharged during the year 1937.**

						1936	1937
Gravis Type	..	..	..	..	..	22	204
Intermediate Type		..	..	..	..	23	11
Mitis Type..	..	..	..	..	..	67	33
Atypical	..	..	..	..	..	17	12

In the second quarter of 1936, systematic typing of Diphtheria germs, whenever possible, was commenced in all cases admitted to the Hospital ; this routine measure was continued throughout the year 1937 with interesting results.

As mentioned in a previous report, the experience of Leeds and Hull was that an epidemic of virulent Diphtheria was associated with the sudden appearance of a large number of “gravis” or “intermediate” strains of germs.

It is generally accepted that the “gravis” and “intermediate” strains of germs may produce the severer clinical forms of the disease.

An epidemic of severe virulent Diphtheria commenced in Leicester in September of the current year, and the following table demonstrates that the epidemic was associated with the sudden increase in the “gravis” type of germ. (It should be noted that the change to the “gravis” type appears to have commenced in November, 1936.)

		1936	1937	1937
		Last Quarter.	Jan.-Aug.	Sept.-Dec.
Gravis	.. ..	17 per cent.	40 per cent.	94.2 per cent.
Intermediate	..	18 „	20 „	1.7 „
Mitis	.. ..	52 „	27 „	3.8 „
Atypical	..	13 „	13 „	.39 „

I may quote from my report of 1936—“The experience of Leeds and Hull suggests that an epidemic of a virulent form of Diphtheria may come on suddenly, associated with a sharp rise in fatality rate. It is possible that we may be faced with this position in Leicester and in spite of our efforts there may be a rise in the fatality rate. From



these considerations there is no doubt that active immunisation against Diphtheria is the policy of the future."

Unfortunately the foregoing observations were only too prophetic, and we in Leicester are experiencing an epidemic of virulent Diphtheria associated with a predominance of "gravis" strains. There is no question, but that active immunisation of all children is the best measure of protection against this grave and treacherous disease. (See page 21).

## Treatment.

As in former years we continued our policy of treatment of severe cases with intravenous antitoxin. In the treatment of the severe virulent Diphtheria which was prevalent in the latter part of the year, it was found that a large intravenous dose of antitoxin had to be given within 48 hours of the commencement of the disease, to produce a satisfactory result.

In some of the most severe cases which were not showing a satisfactory response to antitoxin, attempts were made to reinforce the action of antitoxin by blood transfusion.

Nine of the above severe cases had blood transfusions and four recovered.

## Laryngeal Diphtheria.

There was a fall in the number of cases of Laryngeal Diphtheria — 24 in 1936, 7 in the year under review.

The majority of cases of Laryngeal Diphtheria are associated with the "mitis" type of organism ; our figures are, therefore, in agreement with this conception, i.e., when the "gravis" organism is predominant there is a reduction in the number of cases of Laryngeal Diphtheria.

Intubation through a direct Laryngoscope was the operation of choice. Tracheotomy was not performed on any case.

				<i>Cases.</i>		<i>Recovered.</i>
Suction	..	..	..	2	..	2
Suction and Intubation			..	5	..	3

The two deaths in this group were due to diphtheritic broncho-pneumonia for which no operative procedure is effective.

Schick Tests and Active Immunisation.

Schick Tests were performed on 71 patients who were admitted with doubtful Diphtheria—23 cases were positive and 48 negative. Four patients who were not suffering from Diphtheria were actively immunised against the disease.

PUERPERAL PYREXIA.

Cases discharged	..	..	..	..	..	..	44
ANALYSIS OF CASES.							
Puerperal Sepsis	..	..	..	..	..	..	17
„ Septicaemia	..	..	..	..	..	..	5
Septic Abortions	..	..	..	..	..	..	4
Local Sepsis	..	..	..	..	..	..	11
Mastitis	..	..	..	..	..	..	2
Puerperal Scarlet Fever	..	..	..	..	..	..	1
Perineal Sepsis	..	..	..	..	..	..	1
Pyelonephritis	..	..	..	..	..	..	2
Phlegmasia	..	..	..	..	..	..	1
							—
Totals	..	..	..	..	..	..	44
							3
							—

Three deaths occurred in the 44 cases of Puerperal Pyrexia. The fatal cases were all due to Septicaemia, the most severe form of Puerperal Sepsis.

This hospital is now the central unit for the treatment and observation of all cases of Puerperal Pyrexia.

As far as practicable, babies were admitted with mothers. On discharge of patients, case notes were sent to the Maternity and Child Welfare Officer in order that that Department could effectively follow up with after care.

MEASLES.

Cases discharged	..	..	..	..	..	..	108
Deaths	..	..	..	..	..	..	3

COMPLICATIONS.

Bronchopneumonia	..	..	..	..	..	..	21
Otorrhoea	..	..	..	..	..	..	12
Nasal Discharge	..	..	..	..	..	..	2
Sepsis of Hand	..	..	..	..	..	..	2
Impetigo	..	..	..	..	..	..	1
Empyema	..	..	..	..	..	..	2

An outbreak of Measles occurred in the city in the third quarter of the year ; owing to our limited accommodation it was only possible to admit selected cases.

Cases selected were as follow :—

- (a) Debilitated children.
- (b) Cases arising in other institutions.
- (c) Cases where home conditions did not allow for proper nursing.

Twenty-one cases were complicated with Broncho-pneumonia ; the three fatal cases occurred in this group.

Convalescent Measles serum was used to good purpose in limiting cross infection, both within this hospital and other institutions.

During the month of May we issued ampoules of Convalescent Measles Serum to the following Institutions.

Leicester Royal Infirmary	..	..	23 ampoules.
City General Hospital	..	..	6 „

### WHOOPING COUGH.

Cases discharged	..	..	..	..	..	..	27
Deaths	..	..	..	..	..	..	6

### COMPLICATIONS.

Bronchopneumonia	..	..	..	..	..	..	14
Convulsions	..	..	..	..	..	..	1
Empyema	..	..	..	..	..	..	1
Enteritis	..	..	..	..	..	..	2
Otorrhoea	..	..	..	..	..	..	1

The three fatal cases of this disease were complicated by Broncho-pneumonia. Here again it was only possible to admit selected cases on account of lack of accommodation.

Under the new scheme of extensions to the hospital, the provision of 4 cubicle wards will greatly assist in dealing with this type of case.

### ERYSIPELAS.

Cases discharged	..	..	..	..	..	..	10
Deaths	..	..	..	..	..	..	nil.

### COMPLICATIONS

Localised Abscesses	..	..	..	..	..	2
---------------------	----	----	----	----	----	---



Owing to limited cubicle accommodation only selected cases of this disease were admitted. There was no change in the routine method of treatment. All cases cleared up satisfactorily and there were no deaths.

**TYPHOID FEVER.**

**Cases discharged:**

Typhoid Fever	..	..	..	..	..	..	1
Paratyphoid B.	..	..	..	..	..	..	3
Deaths	..	..	..	..	..	..	Nil

In all four cases the disease was of a comparatively mild nature. There were no complications.

**CEREBRO SPINAL FEVER.**

Cases discharged	..	..	..	..	..	..	7
Deaths	..	..	..	..	..	..	3

All cases were treated by intravenous Meningococcal Antitoxin combined with drainage of the theca, either by lumbar or cisternal puncture. In several cases, saline lavage of the theca was performed. Treatment by Prontosil was commenced but sufficient cases have not yet been treated to estimate the efficacy of this form of treatment.

**Other Infectious Diseases Discharged during the year 1937.**

				Recovered.	Died.	Total.
Chickenpox	..	..	..	26	1	27
Anterior Poliomyelitis		..	..	1	0	1
Tuberculous Meningitis		..	..	0	1	1
Pemphigus	..	..	..	2	0	2
Lobar Pneumonia	..	..	..	1	0	1
Bronchopneumonia	..	..	..	0	1	1
Mumps	..	..	..	1	0	1
Pericarditis	..	..	..	0	1	1
Influenza	..	..	..	4	0	4

**TUBERCULOSIS.**

Reference to the accompanying tables will show the number of cases of Tuberculosis admitted and discharged during the year.

During the year 1937, 210 classified cases of Pulmonary Tuberculosis were admitted and 228 were discharged.

As in previous years the waiting list for Pulmonary Tuberculosis was heavy, and the accommodation was severely overtaxed. The position was aggravated by an epidemic of Diphtheria.

Due to the heavy demand on our accommodation, Non-pulmonary Tuberculosis cases had to be transferred to the City General Hospital, thus liberating 27 beds for Pulmonary Tuberculosis.

Unfortunately, Block 5 had to be utilised for Diphtheria, this Ward normally accommodates 36 male adults for Pulmonary Tuberculosis. The position was made more acute in the last quarter of the year when Ward 10 Annexe (20 male beds for Pulmonary Tuberculosis) had to be demolished on account of the building extensions. I am happy to record that building operations were commenced on the new Sanatorium, and accommodation shortage will be relieved within the next year.

On 22nd October, 1937, Anstey Lane Children's Sanatorium had to be closed for Tuberculous children, and was opened for the treatment of Diphtheria.

#### Period of Residence.

<i>Under 3 months.</i>	<i>3 to 6 months.</i>	<i>6 to 12 months.</i>	<i>More than 12 Months</i>
<b>Cases</b> 39	120	110	40

The largest proportion of cases had periods of treatment varying from 3 to 12 months. It would have been more beneficial to a large percentage of cases to have kept them for longer periods, but accommodation was insufficient to attain this ideal.

Forty cases had periods of treatment over 12 months—they are classified as follows :—

<i>T.B.—</i>	<i>T.B.+ Group 1.</i>	<i>T.B.+ Group 2.</i>	<i>T.B.+ Group 3.</i>
<b>Cases</b> 2	3	28	7

As in former years the majority of cases admitted were of the young adult type. The policy of concentrating on the treatment of the young adult was commenced in the year 1933, and reference to Table 16 will show that this may be one of the attributable causes in the fall in Phthisis rate which has occurred since that year.

As in former years, each case was investigated individually, an important factor in the investigations being serial radiography.

	In Hosp. on 1st Jan., 1937	Adm. during year	Disch. during year	Died during year	In Hosp. on 31st Dec. 1937
(a) Number of doubtfully tuberculous cases admitted for observation :—					
Adult males .. ..	1	11	12	—	—
Adult females .. ..	—	12	10	—	2
Children .. ..	24	71	94	—	1
Total .. ..	25	94	116	—	3
(b) Number of patients suffering from pulmonary tuberculosis :—					
Adult males .. ..	75	90 25 Holt	107 24 Holt	14 1 Holt	44
Adult females .. ..	43	87 28 Holt	77 28 Holt	11	42
Children .. ..	14	33 15 Holt	44 15 Holt	1	2
Total .. ..	132	210	228	26	88
(c) Number of patients suffering from non-pulmonary tuberculosis :—					
Adult males .. ..	1	1	2	—	—
Adult females .. ..	4	4	7	1	—
Children .. ..	20	16 1 Holt	35 1 Holt	1	—
Total .. ..	25	21	44	2	—
Grand Total (a), (b) and (c)	182	325	388	28	91

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	1	—	2	1	4	28	—	—	—	—	—	—	2	4	30
Non-tuberculous ..	6	6	7	4	—	55	—	—	—	—	—	1	10	6	63
Doubtful .. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Totals ..	7	6	9	5	4	34	—	—	—	—	—	1	12	10	94



TABLE E. As required by the Ministry of Health.  
RESULTS OF TREATMENT. GROBY ROAD SANATORIUM.

Classification on admission to the Institution.			Condition at time of discharge.	Duration of Residential Treatment in the Institution.												
				Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			TOTAL
				M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.			Quiescent .. ..	—	2	—	1	1	5	—	1	3	1	—	—	14
Class T.B. minus.			Not Quiescent ..	5	2	8	2	3	27	2	1	7	1	—	—	58
			Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 1.			Quiescent .. ..	—	2	—	—	—	—	—	—	—	—	1	—	3
			Not Quiescent ..	—	1	—	8	9	—	9	7	2	2	—	—	38
			Died in Institution ..	—	—	—	—	1	—	—	—	—	—	—	—	1
Class T.B. plus Group 2.			Quiescent .. ..	1	1	—	—	2	—	1	3	—	1	—	—	9
			Not Quiescent ..	7	7	—	27	20	1	29	24	3	12	12	1	143
			Died in Institution ..	1	—	—	3	—	—	2	2	—	1	1	—	10
Class T.B. plus Group 3.			Quiescent .. ..	—	—	—	—	—	—	1	—	—	1	—	—	2
			Not Quiescent ..	—	1	—	1	1	—	3	5	—	4	—	1	16
			Died in Institution ..	1	—	—	2	5	1	3	2	—	1	—	—	15
Bones and Joints.			Quiescent or Arrested	—	—	—	—	—	—	—	—	—	—	—	—	—
			Not Quiescent ..	—	—	6	—	1	3	—	—	5	1	—	7	23
			Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal.			Quiescent .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
			Not Quiescent ..	—	1	1	—	—	2	—	—	3	—	—	1	8
			Died in Institution ..	—	1	—	—	—	—	—	—	—	—	—	—	1
Other Organs.			Quiescent .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
			Not Quiescent ..	1	1	—	—	—	—	—	—	—	—	—	—	2
			Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.			Quiescent .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
			Not Quiescent ..	—	—	2	—	—	3	—	2	—	—	—	1	8
			Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—

Special Treatment for Pulmonary Tuberculosis carried out in the Sanatorium during 1937.

Artificial Pneumothorax :

New cases induced	..	..	..	..	..	58
Refills (In-patients)	..	..	..	..	..	2170
„ (Out-patients)	..	..	..	..	..	1959
Total						4,187
Aspirations and Air replacements		..	..	..		383
„ „ „ Out-patients					..	109
Phrenic Avulsions	..	..	..	..	..	1
Gold injections	..	..	..	..	..	791
Blood examinations	..	..	..	..	..	1210

In the treatment of Pulmonary Tuberculosis of the young adult type, Collapse Therapy plays an all important part. During the year 58 new cases of Artificial Pneumothorax were successfully induced, and 2170 refills were given to In-patients.

It is hoped within the next 12 months to add further operations to our therapeutic armamentarium, namely, the operations of Pneumolysis and Thoracoplasty. In the scheme for extensions to the hospital a new Theatre is being built to enable us to carry out the above operations.

Out-Patient Refill Clinic.

The number of patients attending this Clinic continued to increase in the current year. 105 patients attended for refills and observation. During the year, 1959 refills and 109 Air Replacements and Pleural Washouts were given.

Observation Cases.

18 doubtful cases of Tuberculosis were referred from the Tuberculosis Dispensary for investigation in the Sanatorium ; in 12 of these cases a diagnosis of Tuberculosis was established.

Convalescent Sanatorium, ‘Home Place,’ Holt.

This beautiful Sanatorium, situated on the Norfolk coast continues to render very valuable service as an auxiliary Hospital ; during the year 69 patients were admitted for treatment.

There are 27 beds in the Sanatorium and these were maintained at full occupancy throughout the year.

The type of case suitable for this form of convalescent treatment must of necessity be selected. Fundamentally, the case selected is that requiring prolonged sanatorium treatment, the initial period of recumbency being given in Groby Road Sanatorium, and the ambulatory stage being carried out at "Home Place."

### X-RAY DEPARTMENT.

	In-patients.	Out-patients.	Total.
Chest Films .. .. .	1497	2198	3695
Lipiodal Examinations (chest)	24	—	24
Films of Bones and Joints ..	60	253	313
Screen Examinations (chest)	1566	2408	4974
Ante-Natal Films .. ..	—	63	63
Dental Films .. .. .	3	—	3
Staff .. .. .	4	—	4
X-Ray Renal Tract .. ..	4	—	4
Barium Meal .. .. .	1	—	1

The work in this Department continues to increase. I have to record again an increase in the number of chest films and screen examinations. From the year 1936, these films have increased by 212 and screen examinations by 2,848. The following table shows the increase of the chest films for In-patients and Out-patients in the last six years.

	In-patients.	Out-patients.
1932 .. .. .	498	588
1933 .. .. .	787	798
1934 .. .. .	832	1070
1935 .. .. .	807	1815
1936 .. .. .	1380	2103
1937 .. .. .	1497	2198

The large number of films of In-patients is due to serial radiography, i.e., X-raying every patient at regular monthly or three-monthly intervals in order to assess the progress of healing. The Out-patient chest films are those taken for the Tuberculosis Dispensary and the Out-patient Clinic. Reference to the foregoing table will demonstrate the remarkable increase in the Out-patient chest films from these sources.

Chest X-ray films are essential for the early diagnosis of Pulmonary Tuberculosis, this is particularly so in the young adult ; with the co-operation of the Tuberculosis Officer we are attempting to X-ray all young adult contacts.



All In-patient and Out-patient films are interpreted and reported on at this Hospital. The Out-patient films of bones and joints were taken for the Orthopaedic Clinic, and Ante-Natal films were taken for the Maternity and Child Welfare Service ; the number of Ante-Natal films is increasing, and the work is proving of value to the Maternity and Child Welfare Service.

### **Laboratory.**

In the current year the work in the Laboratory has been severely taxed owing to the epidemic of Diphtheria.

Dr. E. M. Ward, the Pathologist, and the Medical Superintendent continue to hold Home Office Licences for animal experiments.

Details of the Laboratory work will be given in the following report.

### **Report of the Work in the Laboratory of the Leicester Isolation Hospital.**

By Dr. E. M. WARD, M.B., B.S. (Lond.)

The year under review has been one which has placed great strain on the working of the laboratory of the Isolation Hospital. This has been due, in a great measure, to the epidemic of Diphtheria which has been so marked throughout the year.

Together with the routine examination of diphtheria swabs for General Practitioners and for the Wards, the Laboratory has been called upon, on several occasions, to examine swabs of contacts in the schools. On two occasions as many as 500 swabs were examined on one day ; this entailed a considerable amount of work—swabs and media had to be prepared and sterilised, media had to be inoculated and incubated overnight, smears of the culture to be made stained and examined, the tubes re-sterilised and finally the necessary book-keeping completed. On the two biggest days the laboratory technician and laboratory porter were both on duty for nearly seventeen hours.

We have continued to "type" the infecting organism throughout the year, and our results are in complete accord with those reported elsewhere. It will be remembered that prior to November, 1936, we had encountered a Gravis type of organism on only one occasion, and atypical organisms were fairly common ; we were, in fact, in a non-epidemic period.

The incidence of Gravis Diphtheria commenced in November, 1936, and continued during most of 1937, a Gravis organism having

been found in over 90 per cent. of cases. In the last month or two of the year other types have appeared, and in the final figures Gravis K.L.B. represent 66 per cent. of the total. During the epidemic period it will be noted the incidence of atypical types fell to 2 per cent. compared with 8 per cent. recorded in previous years.

Macleod's tellurite medium, whilst somewhat difficult to prepare, has proved of great value, especially in sub-dividing the true Klebs-Loeffler bacillus from the non-pathogenic diphtheroids.

### **Haemolytic Streptococci.**

A large number of swabs for haemolytic streptococci have been examined during the year. The majority of these have been sent from the Scarlet Fever Wards where a negative report has been considered of value when the discharge of a patient is being considered. Others have been sent from Westcotes Maternity Hospital when a search has been made for the source of infection in cases of Puerperal Pyrexia.

### **Clinical Pathology.**

The cases of Puerperal Pyrexia and Septicaemia have caused a considerable amount of work for the laboratory staff. Routine weekly blood counts and repeated blood cultures, laboratory examination of specimen of urine and cervical swabs have all been continued.

### **Examination of Sputa.**

A total of 3,290 specimens of sputa have been examined for the tubercle bacillus during the year, 392 from out-patients either at Holt or receiving Pneumothorax treatment, and 2,898 from the Wards. When a persistent negative report is given, an attempt is made to cultivate the tubercle bacillus, using Petrognani's medium.

### **Animal Experiments.**

There has been a large increase in the number of animal experiments performed during the year. This again is due to the incidence of Diphtheria in the Hospital ; 274 tests for the virulence of a Klebs-Loeffler bacillus were made, and 176 samples of milk, using 352 guinea pigs, were examined for tubercle bacilli. A positive result was given in the case of 10 milk experiments.

Virulence tests for the County Health Authority continue to be performed.

**Venereal Disease Pathology.**

On October 1st of this year, the performance of serum tests for venereal disease for the City Hospitals, previously performed at the Leicester Royal Infirmary, were taken over by the laboratory of the Isolation Hospital. The Laboratory was examined and approved for this purpose by an Inspector from the Ministry of Health. The technique used for the Wasserman reaction is that known as the Ministry Method No. 1 (as modified by Wyler). A Kahn test is performed as a routine in all cases in which the serum is sufficiently fresh.

A Gonococcal complement fixation test is performed in parallel with the Wasserman reactions using the technique and antigen suggested by Price.

These tests are performed on Tuesday and Friday. Outfits for the collection of blood are supplied to the General Practitioners and can be obtained from the Health Department. If necessary the Pathologist will see the patient for the collection of serum at either of the City Hospitals or at the Health Department.

**Investigations for General Practitioners.**

The scope of this work has undergone no change during the year.

**Report of the Work of the Laboratory of the Leicester Isolation Hospital.**

				Total.	Positive.	Negative.
Diphtheria :						
(a) Practitioners	..	..	..	2857	159	2698
(b) Wards	..	..	..	7139	822	7317

**Typing of Diphtheria Bacilli :**

Mitis Type	..	..	..	..	Found on 26 occasions.	
Intermediate Type	..	..	..	..	„ 16	„
Gravis Type	..	..	..	..	„ 258	„
Atypical Type	..	..	..	..	„ 8	„
					—	
					308	
					—	



Blood Complement Titrations .. .. . 82

Sputum examined for Tubercle Bacilli :					Positive.	Negative.
(a) Out-patients	..	..	392		102	290
(b) In-patients	..	..	2898		1476	1422
Pleural fluids examined for Tubercle Bacilli	..	..				19
Faeces	..	..	..	..	..	43
Urines	..	..	..	..	..	17
Pus	..	..	..	..	..	37
Laryngeal smears examined for Tubercle Bacilli	..	..				124
Smears examined for Vincent's Spirillae	..	..				39
Swabs cultured for Haemolytic Streptococci	..	..				747
Urines examined microscopically	..	..				457
Faeces cultured	..	..	..	..	..	14
Widal Reactions	..	..	..	..	..	19
Cerebro Spinal Fluids examined	..	..				67
Cervical smears examined microscopically	..	..				57
Blood cultured for Haemolytic Streptococci	..	..				75
Blood grouping	..	..	..	..	..	47
Complete Blood Counts	..	..	..	..	..	254
Hair examined for Ringworm	..	..				2
Sputum cultured for B. Pertussis	..	..				7
Wasserman Reactions	..	..	..	..	..	152
Kahn Tests	..	..	..	..	..	129
Post Mortem Examinations	..	..	..	..	..	48

#### ANIMAL EXPERIMENTS.

Inoculation of Diphtheria for Virulence	..	..	..	274
„ Body Fluids for T.B.	..	..	..	81
Virulence Tests carried out for County	..	..	..	36
Inoculation of urine for Icterus haemorrhages	..	..		1
„ sputum for L.R.I.	..	..	..	3
„ sputum for Pneumococcal Typing	..	..		2
„ milk sediment for Tubercle Bacilli	..	..		352

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**Total Experiments** .. 16,615

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Media manufactured in laboratory for Isolation Hospital	}	14,418
„ „ City General Hospital		
Sterile Swabs to Health Department	..	3,560

**Examinations performed at the City General Hospital for the  
City Isolation Hospital:**

Microtome sections	..	..	..	..	..	..	10
Blood Complement Titration			..	..	..	..	76
Pleural Fluids for C.D.T. (T.B.)	..	..	..	..	..	..	7
Urea Clearance Tests	..	..	..	..	..	..	13
Blood Urea	..	..	..	..	..	..	13
Blood Calcium	..	..	..	..	..	..	1
Blood Sugars. (Fasting)	..	..	..	..	..	..	2
Blood Sugar Curve	..	..	..	..	..	..	1
C.S.F's.	..	..	..	..	..	..	13
Fractional Test Meals	..	..	..	..	..	..	2
Van Den Bergh Reaction	..	..	..	..	..	..	3
Icterus Index	..	..	..	..	..	..	2
Blood for Sulphaemoglobin	..	..	..	..	..	..	3
Urine Urea	..	..	..	..	..	..	1
Anaerobic culture of pus	..	..	..	..	..	..	1
Miscellaneous	..	..	..	..	..	..	15

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**Examinations performed at the City Isolation Hospital for  
the City General Hospital.**

Guinea Pig inoculations for T.B.	..	..	..	..	..	..	59
„ „ K.L.B. Virulence	..	..	..	..	..	..	5
Widal Reactions	..	..	..	..	..	..	9
Faeces for T.B.	..	..	..	..	..	..	3
Typing of Meningococci from C.S.F.	..	..	..	..	..	..	1
„ Pneumococci from Sputum	..	..	..	..	..	..	1
C.D.T. (G.C.)	..	..	..	..	..	..	7
Wasserman Reactions	..	..	..	..	..	..	130
Kahn Tests	..	..	..	..	..	..	98

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**Staff.**

Dr. C. A. MacPherson was appointed Resident Medical Officer on 1st April, in place of Dr. F. Bunting, resigned. Dr. J. G. Hailwood was appointed Resident Medical Officer on 1st July, in place of Dr. J. Carson, and Dr. D. O. Dickie was appointed Resident Medical Officer on November 7th, in place of Dr. C. A. MacPherson, resigned.

Sister J. Williams promoted to Home Sister on 1st June, 1937.

## Staff Illness.

Tonsillitis	..	..	..	..	..	..	..	24
Influenza	..	..	..	..	..	..	..	14
Pharyngitis	..	..	..	..	..	..	..	2
Erysipelas	..	..	..	..	..	..	..	1
Coryza ..	..	..	..	..	..	..	..	2
Catarrhal Jaundice	..	..	..	..	..	..	..	1
Gastric Enteritis	..	..	..	..	..	..	..	1
Gastric Ulcer	..	..	..	..	..	..	..	1
Furunculosis	..	..	..	..	..	..	..	2
Blepharitis	..	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	..	1
Mumps ..	..	..	..	..	..	..	..	1
Scarlet Fever	..	..	..	..	..	..	..	1
Cellulitis of Leg	..	..	..	..	..	..	..	1
Concussion	..	..	..	..	..	..	..	1

## Immunisation of Nursing Staff against Diphtheria.

The Schick test was performed on 41 nurses—16 nurses gave a positive reaction and they were all actively immunised against Diphtheria. The Schick Test was performed on 11 maids—4 maids gave a positive reaction and they were all actively immunised against Diphtheria.

## Building and Equipment.

The building extensions to the Hospital enumerated in the last annual report were commenced in the current year. The scheme provides for :—

Infectious Diseases	..	4 Cubicle Blocks (48 beds).
Tuberculosis	..	Women's Sanatorium of 80 beds.
Treatment Centre	..	Providing Operating Theatre, Dental Room and Recovery Rooms.
Patients' Dining Rooms and Assembly Hall.		
Laundry.		

## New Nurses' Home.

The new Nurses' Home was opened by the late Alderman W. E. Hincks on 15th September, 1937.

The following are details of the Home :—

The construction of the Home was sanctioned by the City Council on the 26th February, 1935, at an estimated expenditure of £38,371. This sum includes the cost of alterations and additions to the existing Administrative Block at the Hospital.



The new building accommodates 144 persons and consists of :—

*Ground Floor :—*

Three Sitting Rooms available also as a large Assembly Room,  
and opening to a Loggia.

Lecture Room Suite.

Quiet Room and Study Room.

Waiting Rooms.

Matron's and Assistant Matrons' Suites.

Personal Laundry Room.

Cloak Rooms.

*First, Second and Third Floors :—*

Bedrooms, Bathrooms, Shampoo Rooms, Linen Rooms, Tea  
Rooms, etc.

A lift connects to all floors.

The main alterations to the Administrative Block include a Nurses'  
Dining Room (to seat 100) and enlarged modernised Kitchens.

J. C. H. MACKENZIE.

# ISOLATION HOSPITAL AND SANATORIUM. TABLE A.

Number of Patients admitted, discharged and died during 1937.

Disease.	Remaining. 31st December, 1936	Admitted during Year.	Discharged during Year.	Died during Year.	Remaining 31st December, 1937
Scarlet Fever .. .. .	8	418	395	—	31
Diphtheria .. .. .	33	457	387	17	86
Tuberculosis .. .. .	181	292	357	28	88
Tuberculosis Observation Cases .. .. .	1	16	14	—	3
Measles .. .. .	1	116	114	3	—
Enteric .. .. .	—	9	7	—	2
Scabies .. .. .	—	—	—	—	—
Chickenpox .. .. .	—	22	22	—	—
Erysipelas .. .. .	—	21	20	1	—
Puerperal Fever .. .. .	6	48	43	3	8
Tonsillitis .. .. .	1	16	14	—	3
Cerebro-Spinal Meningitis .. .. .	—	9	7	2	—
Babies .. .. .	2	32	28	4	2
Whooping Cough .. .. .	4	22	18	7	1
Pneumonia .. .. .	—	4	4	—	—
Other Diseases .. .. .	6	82	72	13	3
Total .. .. .	243	1564	1502	78	227

## ISOLATION HOSPITAL AND SANATORIUM.

TABLE B.

Patient Days during 1937-1938.

	For 12 months ending Dec. 31st, 1937.	For 12 months ending March 31st, 1938.
Smallpox .. .. .	—	—
Smallpox Contacts .. .. .	—	—
Scarlet Fever .. .. .	10131	11283
Diphtheria .. .. .	17956	24008
Puerperal Fever .. .. .	1584	1993
Measles .. .. .	2803	2795
Cerebro-Spinal Meningitis .. .. .	338	275
Other Infectious Diseases .. .. .	2758	2695
Whooping Cough .. .. .	545	239
Poliomyelitis .. .. .	49	—
Erysipelas .. .. .	256	211
Pemphigus .. .. .	137	139
Typhoid Fever .. .. .	198	358
Meningitis .. .. .	—	1
Tuberculosis :—		
Adults .. .. .	47583	44261
Discharged Soldiers .. .. .	217	244
Children .. .. .	8775	6097
Surgical Cases .. .. .	4669	2252
Observation Cases .. .. .	639	704
	98638	97555

## SUMMARY.

Infectious Diseases .. .. .	36755	43997
Tuberculosis .. .. .	61883	53558
Total .. .. .	98638	97555



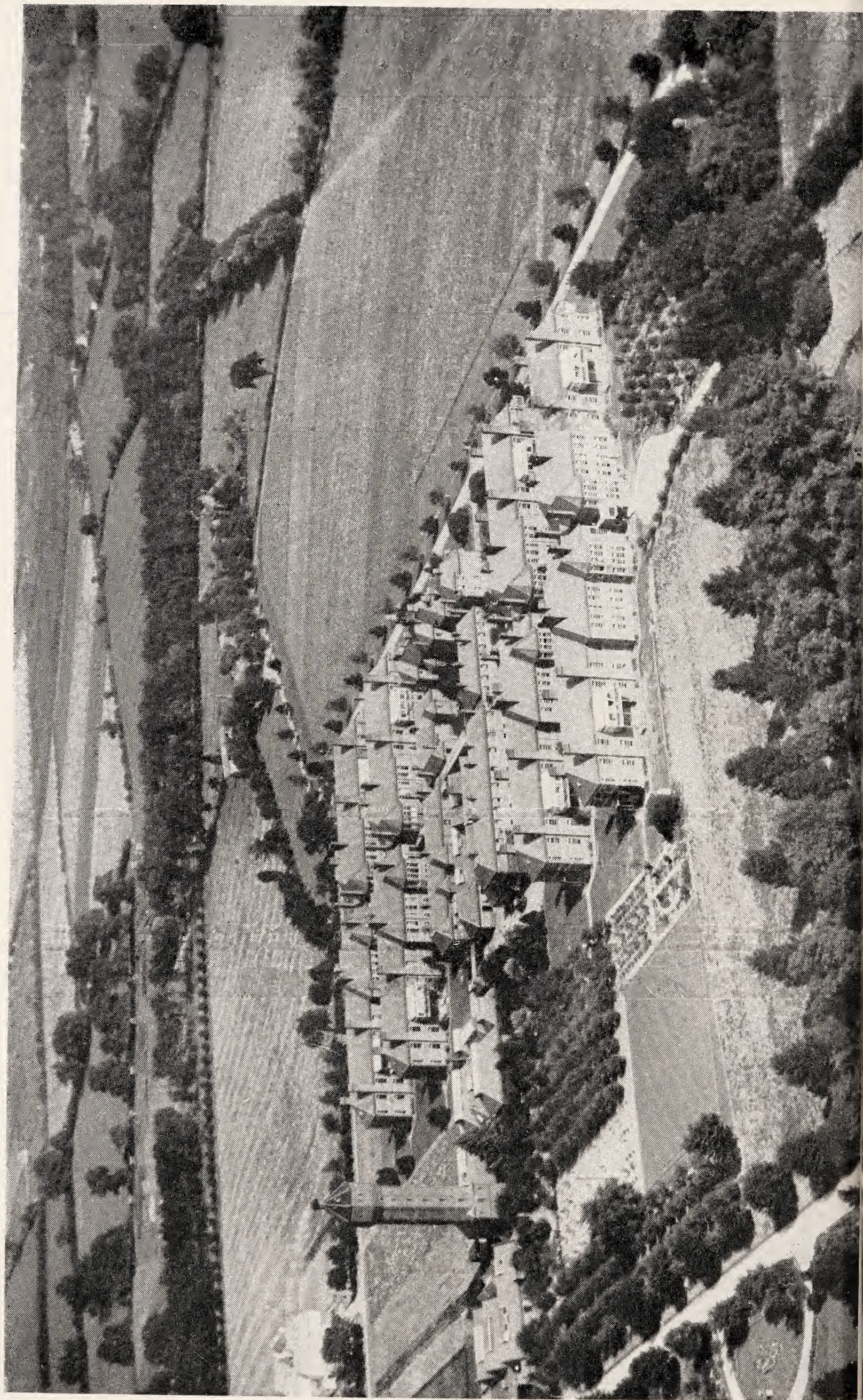
TABLE 18.

Showing the number of Cases notified of the principal Notifiable Diseases for the  
Fourteen Years, 1924-1937.

DISEASE.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox ..	5	72	0	6	90	320	1192	1353	183	0	0	0	0	0
Scarlet Fever ..	335	774	477	620	1971	517	423	404	463	432	1401	1405	534	611
Diphtheria ..	429	350	366	309	461	253	198	115	76	338	463	424	267	454
Enteric Fever..	5	4	3	3	6	2	5	3	1	1	4	13	12	12
Erysipelas ..	96	126	110	132	141	158	99	108	90	150	182	161	145	125
Puerperal Fever ..	11	7	22	9	10	11	12	8	13	9	13	12	14	7
Puerperal Pyrexia ..	..	..	21	34	45	25	50	32	48	52	38	52	81	106
Phthisis ..	725	606	650	700	668	657	582	511	442	438	332	460	355	345
Other Forms of Tubercle ..	65	77	77	80	117	77	66	61	69	74	71	100	79	88
Ophthalmia ..	28	37	36	38	24	35	32	14	20	18	24	21	17	28
Cerebro-Spinal Fever ..	2	2	4	4	4	8	11	16	13	6	5	10	6	10
Poliomyelitis ..	12	..	81	8	8	4	3	..	2	4	1	13	1	2
Encephalitis Lethargica ..	22	26	14	9	7	4	3	7	2	30	2	1	0	2
Pneumonia ..	247	239	143	236	239	364	202	216	236	47	259	239	301	523
Chickenpox ..	..	639	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	1982	2959	2004	2188	3791	2435	2878	2848	1658	1869	2795	2911	1812	2313









# Report on the City General Hospital, Leicester, for the year 1937

By

ERNEST C. HADLEY, M.D., B.S.(Lond.), F.R.C.S.(Ed.)  
Medical Superintendent, General Surgeon, Lecturer and  
Internal Examiner to Nurses.

With foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In my previous reports I have commented on the value to the City of the work done by Dr. Hadley and his staff at the City General Hospital. A perusal of the pages that follow will confirm that opinion, for in the year 1937 the hospital has continued its work of healing.

I wish to draw attention to the following matters :

1. Reference to the Tables, and, in particular, to that on page 123, indicates the increasing work of the hospital and its changing character. More and more is the hospital catering for the "acute" patient, and therefore is able to give more service to that section of the community most likely to benefit from it.

A new Table showing the change in the work of certain departments will be found on page 124. The extraordinary alteration in the character of the hospital is well shown.

2. An interesting development has been the increased popularity of the maternity unit. It has been necessary to provide more accommodation, and advantage has been taken of this to transfer the whole of the maternity unit from its old and unsatisfactory quarters to Ward 16 which has been adapted for this purpose.

It is appreciated that this provision is only of a temporary character and that sooner or later an *ad hoc* maternity block will have to be provided.

3. Another matter to which I feel I must draw attention has been the continued difficulty of obtaining nurses during the year. This problem, which is national, is further complicated in the case of the City General Hospital by the lack of facilities for accommodating the nurses even if we had them.

In developing the hospital as a first-class general hospital it is the desire of the Committee, first of all, to see that the hospital is adequately staffed by nurses so that the patients are well cared for, and, secondly, to see that the nurses themselves work a 48-hour week.

To achieve this dual object it is estimated that there should be an allowance of one nurse to two patients.

At the present time we have approximately one nurse to four patients—obviously an entirely unsatisfactory state of affairs. The patients can only be satisfactorily looked after by the nurses working a reasonable number of hours.

This state of affairs has received the greatest attention during the year, but many difficulties have been encountered and it was not found possible to proceed with any plan of extension during 1937.

At the time of writing, however, the Committee have decided to erect 52 bedrooms (in wooden huts), together with sitting-room accommodation, as a temporary measure. It is hoped that this will relieve the position a little, at any rate, until the main scheme of extensions is in being.

4. Reference to my last Annual Report (page 113 *et seq.*) will find the full report on the proposed extensions to the hospital.

During 1937, the scheme received further consideration with the following alterations :—

- (a) It has been decided to utilise the new hospital for the “acute” sick and not for the “chronics,” who will be housed in the old wards.

This has enabled a re-drafting of the ancillary services (operating theatre, X-ray and laboratories) so that a much improved layout has resulted.

- (b) Consideration was given to the provision of a chapel, but this has been deferred.

The scheme of extensions as it now stands, prior to final approval by the Council, is as follows :—

1. Acute hospital of 168 beds, with operating theatre, X-ray unit and laboratories.
2. A Nurses' Home of 141 beds.
3. House for Deputy Medical Superintendent.
4. New entrance at Coleman Road.
5. Improvements to mortuary.
6. Improvements to kitchen.
7. Additional boiler.

It is estimated that the cost of the scheme will be about £200,000.



A larger scheme (approximately twice as large) was submitted to the Council in September, 1937, and referred back with the object of bringing the scheme forward in stages. The above proposals were, therefore, approved by the Committee as a first stage and, if approved by the Council, should be a most useful addition to the hospital services.

The present proposals are planned so that they will not interfere with the development of the full scheme, should that ultimately be found necessary.

# Report on the City General Hospital, Leicester, for the year 1937

By

ERNEST C. HADLEY, M.D., B.S. (Lond.), F.R.C.S. (Ed.)

Medical Superintendent, General Surgeon, Lecturer and  
Internal Examiner for Nurses.

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The Foundation Stone of this Hospital was laid in 1903 and it was opened for the reception of patients on September 29th, 1905.

From 1914 to 1919 the Hospital was taken over by the Council of War for the reception of British Sick and Wounded Soldiers in the Great War.

On April 1st, 1930, the Hospital was "appropriated" by the Health Committee of the Leicester City Council under the Public Health Acts, 1875 to 1926, as extended by Section 14(2) of the Local Government Act, 1929, from which date the Hospital was re-named "The City General Hospital."

The area served by the Hospital is :—

**City of Leicester.** Population—estimated 1937—262,900.

**County of Leicestershire.** To a limited extent, viz.,

The County Orthopaedic and Surgical Tuberculosis cases of the County Education Committee and others.

The County Public Assistance cases that need specialised and Modern Hospital Treatment.

The mode of admission and conditions of eligibility for treatment were altered from the date of appropriation, suitable cases being accepted at the discretion of the Medical Superintendent, on the recommendation of the patient's own doctor, a condition of admission being that the patient is normally resident within the City of Leicester : it should be noted, however, that arrangements have been made with the County Authorities by which cases from the County can be treated, provided that the Medical Officer of Health for the County, or the Public Assistance Officer of the county, authorise and recommend such patients for treatment.

It should be noted also that Saturday Hospital Fund contributors, resident in the City, are eligible for admission as patients to this Hospital without any financial call being made upon them, as the Saturday Hospital Committee have agreed to assume responsibility, by arrangement with the City General Hospital Committee.

The medical practitioners of the City have been notified and are now all aware that all Acute General Medical, General Surgical, Orthopaedic and Surgical Tuberculosis, and also Gynaecological and Maternity cases, are eligible for admission as In-Patients.

Phthisical Patients should be referred to the Tuberculosis Medical Officer, and infectious cases to the Medical Superintendent of the City Isolation Hospital, in the first instance.

Full details as to how to deal with special cases can be found on the back of the recommendation forms, which are in use by the general medical practitioners in the City, and a supply of which can be obtained from the Secretary of the City Health Department, Grey Friars.

Every doctor recommending a patient for admission is written to on the discharge or death of the Patient and given a private and confidential Report in the form of brief clinical notes, and any features of special interest, copies of X-ray and Pathological Reports, or post mortem findings, etc.

The medical practitioners of the City from letters received seem to appreciate these letters.

**The General Features of the Hospital** have been dealt with in detail in previous reports. The following is a brief survey of the structural additions and alterations which have been carried out during the past year.

### **Voluntary Work.**

The work of the V.A.D.'s who help out with the ward work at week-ends continues to be much appreciated, and especially the work of Mrs. York, who gives so much time and thought to the library, which is so much appreciated by the patients.

During the year the following important pieces of apparatus have been installed, greatly adding to the clinical efficiency of the Hospital.

A Zeiss Epidiascope and Magic Lantern.

A Benedict Knipping Basal Metabolism apparatus.

A McKesson Anaesthetic apparatus.

A Leitz Binocular Microscope.



Stainless steel is being introduced by degrees to replace enamelled iron-ware for bowls, theatre table tops, bed pans, etc.

The Victor Electrocardiograph, installed in 1935, has been in constant use and an average of 220 Records have been taken each year. Standard Leads I, II and III, two, three or more chest Leads are taken as routine.

Wards 2 and 4 have been entirely reorganised and rewired, providing a light, controllable from each bed and a viewing lamp permanently fixed in a convenient place in the walls of the wards for examination of X-Ray films.

Also all side wards have been fitted with atmospheric steam jets which have entirely replaced the use of electric and methylated spirit-heated bronchitis kettles, which are so unsatisfactory.

The Maternity Department of the Hospital has become very popular, the number of confinements during the year having risen to 339 and this number is still on the increase so that it has become necessary to decide to close down the 8-bedded Maternity Department and set aside a special ward of 28 beds in the Hospital to cope with the increase.

Nursing problems in the Hospital have become acute as they have all over the country ; in our case, however, accentuated by the fact that there is no available accommodation for housing any additional staff, so that Sisters and Staff Nurses have been asked to live out. This is not, however, generally popular ; the nursing staff, under the direction of Miss Claye, have worked hard in the interests of their patients for longer hours than is considered desirable, but ungrudgingly.

I should like, here, to express my appreciation of the work of Dr. Page, my deputy, Dr. Ward, Pathologist, and the excellent staff of responsible and experienced Resident Medical Officers who have been largely responsible for a general raising of the standard of the work of this Hospital.

I feel that the standard of work of a Hospital is largely dependent upon the enthusiasm and attention to detail of the Resident Medical Staff.

The work of the Hospital has been carried on smoothly, amicably and enthusiastically ; the Staff have not spared themselves in the interests of the patients, who have been everybody's first consideration. Numerous letters of appreciation are constantly being received from patients and their friends expressing their gratitude and thanks.

I should like also to call attention to the Special departments—Rheumatic Wards—Orthopaedic Wards—and Phthisical Wards, which have been constantly full.

The Pathological Department, too, has been exceptionally busy and the work has outgrown the present Laboratory accommodation, so that an immense amount of the work has to be done in very cramped accommodation.

Nearly all the Wards of the Hospital have now been reconstituted, and Ward 15, which was divided into cubicles, has been such a great success that two other wards are now in process of being treated in a similar manner, namely, the Maternity Ward and a Female Medical Ward.

A side ward has been fully equipped for dental treatment and the latest apparatus installed. A Dental Surgeon, Mr. John A. T. Rowlett, L.D.S. (Eng.) has been appointed. A great need for such a department has at last been filled.

#### I. Medical Staff.

##### (a) Resident :—

Ernest Cutcliffe Hadley, M.D., B.S. (Lond.), F.R.C.S. (Edin.),  
M.R.C.S. (Eng.), L.R.C.P. (Lond.)

*Medical Superintendent and General Surgeon.*

Alfred Patrick Menzies Page, M.D., B.S. (Lond.) M.R.C.P. (Lond.) D.C.H.  
*Deputy Medical Superintendent.*

John Joseph Elphinstone, M.B., Ch.B. (Aberdeen)	} <i>Medical Officers.</i>
Timothy Francis Shine, M.B., B.Ch., B.A.O., N.U.I.	
Kenneth Garrat Seager, M.B., B.S. (Lond.), M.R.C.S. (Lond.) L.R.C.P. (Lond.)	

##### (b) Visiting :— CONSULTANT PHYSICIANS AND SURGEONS.

###### *Physicians.*

John Vernon Braithwaite, M.D., B.S. (Lond.), F.R.C.P. (Lond.)

Ronald McDonald Cairns, M.D., Ch.B. (Edin.)

###### *Surgeon.*

Ernest Reginald Frizelle, M.Ch., M.B., B.Ch., B.A.O. (Belfast), F.R.C.S. (Edin.)

###### *Venereologist.*

Charles Hamilton Wilkie, B.Sc. (Glas.), M.B., Ch.B.

###### *Dermatologist.*

Frederick Alexander Silcock, M.D., B.Ch., B.A.O. (Belfast), D.P.H.

###### *Cardiologist.*

John Puxley White Jamie, M.A., M.D. (Camb.) B.Ch., M.R.C.S. (Eng.) L.R.C.P. (Lond.)

###### *Radiologist.*

David Forbes Lawson, M.A. (Camb.), M.B., B.Ch., M.R.C.S. (Eng.),  
L.R.C.P. (Lond.), D.M.R.E.

###### *Orthopaedic Surgeon.*

Leslie Morris, M.D., Ch.B. (Manchester), F.R.C.S. (Eng.)

*Dental Surgeon.*

John A. T. Rowlett, L.D.S. (Eng.)

*Gynaecologist.*

Thomas Charles Clare, M.D. (Lond.), F.R.C.S. (Eng.), F.C.O.G.

*Aurist.*

Nicholas Edward Kendall, F.R.C.S. (Edin.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

*Ophthalmologist.*

Arthur Llewellyn McCurry, M.D., B.Ch., B.A.O. (Belfast), D.O.M.S. (Eng.)

*Pathologist.*

Ernest Milford Ward, M.B., B.S. (Lond.) M.R.C.S. (Eng.), L.R.C.P. (Lond.)

*Anaesthetists.*

David Justin Davies, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

D.A. (Eng.)

Beryl Mary Mason, M.R.C.S. (Eng.), L.R.C.P. (Lond.)

## II. Resident Nursing Staff.

- (a)
- Matron.
  - 1st Assistant Matron.
  - 2nd Assistant Matron.
  - Sister Tutor.
  - Home Sister.
  - Night Superintendent.
  - Assistant Night Superintendent.
  - Theatre Sister.
  - Maternity Sister.
  - 10 Ward Sisters.
  - 84 Probationer Nurses.
  - 13 Staff Nurses.

N.B.—Probationer Nurses are in training for four years, during which time they are expected to pass the Preliminary and Final State Examinations, and also that of the Central Midwives Board. The remainder of the Resident Nursing Staff are all fully qualified Registered Nurses and in most cases hold the C.M.B. Certificate.

(b) *Non-Resident Nursing Staff.*

- 1 Head Orthopaedic Sister.
- 2 Orthopaedic Ward Sisters.
- 3 Ward Sisters.
- 8 Male Nurses.

## III. Other Non-Resident Staff :

- 1 Radiographer.
- 2 Masseuses.
- 3 Teachers for City General Hospital School.
- 2 Laboratory Assistants.
- 2 Barbers.
- 1 Head Laundress.



#### IV. Resident Domestic Staff.

1 Cook.  
2 Assistant Cooks.  
16 Maids.

#### Total Resident Staff.

139

#### Visiting Staff.

#### Attendances during the year of the Visiting Staff :—

2 Visiting Physicians	..	..	..	..	..	130
2 Visiting Anaesthetists	..	..	..	..	..	152
1 Consultant Venereal Diseases Specialist	..	..				17
1 „ Eye Specialist	..	..	..	..		5
1 „ Ear, Nose and Throat Specialist	..	..				12
1 „ Skin Specialist	..	..	..	..		12
1 „ Radiologist	..	..	..	..		39
1 „ Gynaecologist	..	..	..	..		25
1 „ Surgeon	..	..	..	..		23
1 „ Cardiologist	..	..	..	..		14
1 „ Dental Surgeon	..	..	..	..		25
						454

#### Special Departments.

1. Orthopaedic.
2. Massage and Ultra-Violet Light.
3. X-ray.
4. Maternity with Ante-natal Clinic.
5. Gynaecological.
6. Venereal Diseases.
7. Acute Rheumatism.
8. Dental.
9. City General Hospital Council School.

#### Accommodation provided by the Hospital.

	Excluding Balcony Beds (which are not recognised as Permanent Accom- modation).	Including Balcony Beds.
(a) For Men ..	140	177
(b) For Women	236	281
(c) For Children	132	182
	508	640

## TUBERCULOSIS REPORT.

### Number of Beds available for the treatment of Tuberculosis.

For Pulmonary Cases	..	..	..	60 Adults
For Non-Pulmonary Cases	..	..	..	31 Adults
				31 Children

Total .. 122

### Return showing the Extent of Residential Treatment during the Year.

	Re- maining 1.1.37	Ad- mitted during year	Dis- charged	Died	Re- maining 31.12.37
Number of Patients suffer- ing from Pulmonary Tuberculosis :—					
Men .. ..	32	70	51	14	37
Women .. ..	29	63	58	7	27
Children .. ..	1	4	3	1	1
Total .. ..	62	137	112	22	65
Number of Patients suffer- ing from Non-Pulmonary Tuberculosis :—					
Men .. ..	10	42	43	3	6
Women .. ..	10	19	20	4	5
Children .. ..	14	57	33	7	31
Total .. ..	34	118	96	14	42
GRAND TOTAL ..	96	255	208	36	107

### Summary of Tuberculosis Cases discharged and died—showing those cases also whose period of Residential Treatment was under 28 days.

		Discharged			Died		
		Male	Female	Children	Male	Female	Children
Pulmonary Tuberculosis	Length of Stay						
	Over 28 days ..	57	56	3	14	7	1
	Under 28 days	12	12	—	31	15	1
Non-Pulmonary Tuberculosis	Total .. ..	69	68	3	45	22	2
	Over 28 days ..	29	11	26	3	3	3
	Under 28 days	10	8	11	4	2	3
	Total .. ..	39	19	37	7	5	6

# TUBERCULOSIS RETURN FOR 1937.

Conditions at time of discharge			Duration of Residential Treatment in Institution.															TOTALS.			GRAND TOTALS.
			* Under 28 days.			28 days-3 months.			3-6 months.			6-12 months.			Over 12 months.						
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	T.B.—	Quiescent	—	2	—	4	3	2	1	4	—	2	3	—	—	—	—	7	12	2	21
		Non-Quies.	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	2	—	3
		Died in Inst.	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	T.B.+I.	Quiescent	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	1	1	3
		Non-Quies.	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	2	2	—	4
		Died in Inst.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	T.B.+II.	Quiescent	—	—	—	—	1	—	1	1	—	1	—	—	1	—	—	3	2	—	5
		Non-Quies.	—	5	—	5	8	—	6	4	—	1	1	—	—	—	—	12	18	—	30
		Died in Inst.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	T.B.+III.	Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	2
		Non-Quies.	10	4	—	9	6	—	13	12	—	8	8	—	—	1	—	40	31	—	71
		Died in Inst.	31	15	1	9	4	1	2	1	—	2	2	—	—	—	—	44	22	2	68
	Total of Pulmonary			43	27	1	29	22	3	25	25	1	16	15	—	1	1	—	114	90	5
NON-PULMONARY TUBERCULOSIS	Bones and Joints.	Quiescent	5	6	9	5	3	6	3	—	4	7	3	4	4	—	4	24	12	27	63
		Non-Quies.	1	—	—	1	—	1	—	—	1	—	—	1	—	—	—	2	—	3	5
		Died in Inst.	—	—	—	1	1	1	—	1	—	—	1	—	—	1	—	2	3	2	7
	Abdominal.	Quiescent	—	1	1	1	2	1	—	1	1	1	—	—	—	—	—	2	4	3	9
		Non-Quies.	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
		Died in Inst.	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1	1	3
	Other Organs.	Quiescent	3	1	—	1	2	1	3	—	—	—	—	—	—	—	—	7	3	1	11
		Non-Quies.	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	3	—	—	3
		Died in Inst.	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	4	1	1	6
	Peripheral Glands.	Quiescent	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2	3
		Non-Quies.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Inst.	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2
	Total of Non-Pulmonary			14	10	14	10	8	11	8	1	8	10	4	6	4	1	4	46	24	43

\* Figures in this column have been excluded from Ministry of Health Returns, but are given here for comparison.



**Classification of Accommodation showing, also, number of beds occupied on December 31st, 1937, i.e., approximate average number of beds occupied on various Wards.**

Classification of Wards.	No. of Wards	BEDS.							
		Men.		Women.		Children.		Total.	
		Provided.	Occupied.	Prov.	Occ.	Prov.	Occ.	Prov.	Occ.
1. Medical ..	2	32	19	32	31	—	7	64	57
2. Surgical ..	2	32	28	28	25	—	—	60	53
3. Chronic Sick	2	31	21	32	30	—	2	63	53
4. Children ..	1	—	—	—	—	32	44	32	44
5. Venereal ..	Part of Med.Wds.								
6. Tuberculosis	2	32	35	28	25	—	1	60	61
7. Isolation ..	—	—	—	—	—	—	—	—	—
8. Maternity ..	1	—	—	8	9	—	—	8	9
9. Mental ..	—	—	—	—	—	—	—	—	—
10. Orthopædic ..	2	31	7	31	8	—	39	62	54
11. Rheumatic and Heart ..	2	—	2	—	3	64	46	64	51
12. Gynæcological	1	—	—	32	25	—	—	32	25
Wards vacant	2			63				63	
Totals ..	17	158	112	254	156	96	139	508	407
								Babies	20
N.B. This return corresponds with that submitted to the Ministry of Health								Grand Total	427

**GENERAL STATISTICS.**

	1936	1937
Admissions .. .. .	3357	4065
Discharges .. .. .	2725	3378
Deaths .. .. .	604	676
Deaths within 7 days of admission ..	222	284
Number of Patient Days .. ..	156,270	157,942
Average duration of residence (in days)..	46.942	46.756
Average number of beds occupied ..	426.97	432.72
Highest—On 4/4/36 .. ..	498	—
On 15/1/37 .. ..	—	528
Lowest—On 8/11/36 .. ..	364	—
On 22/8/37 .. ..	—	389
Post-mortem Examinations held ..	264	267
Inquests held .. ..	17	17
Operations performed .. ..	602	768
X-Ray films exposed .. ..	3792	3667
Confinements .. ..	222	339
Laboratory figures—		
Pathological investigations .. ..	7247	6670
Wasserman blood tests .. ..	1088	596

SUMMARY OF YEARLY RETURN OF CASES.

	Remaining on 31/12/36	Admitted	Discharged	Died	Remaining on 31/12/37
Men .. ..	143	1149	847	325	120
Women ..	150	1674	1424	240	160
Children (under 16 years) ..	123	1242	1107	111	147
Totals .. ..	416	4065	3378	676	427

Transfers from other Institutions and Cases sent in by other Local Authorities.

Leicester Royal Infirmary .. ..	45
Groby Road Hospital .. ..	55
Westcotes Maternity Hospital .. ..	12
School Medical Service .. ..	91
County Health Department )	34
County Public Assistance )	
City Mental Hospital .. ..	1
Bond Street Maternity Home .. ..	1

STATISTICAL TABLE.

Showing progress in Special Departments in the past 8 years.

Department.	1930	1931	1932	1933	1934	1935	1936	1937
Admissions ..	1,772	2,329	2,471	2,685	2,878	2,801	3,357	4,065
Average stay in Hospital	32.5 days	53 days	49.6 days	64.2 days	54.3 days	52.5 days	47 days	46.7 days
Confinements	92	127	145	134	205	231	222	339
Operations								
Performed ..	108	170	136	188	223	351	602	758
X-Ray Films								
Exposed ..	385	607	1,092	2,182	3,397	3,175	3,792	3,667
Pathology ..	Nil.	Nil.	1,274	1,828	2,850	5,011	7,247	—

# OPERATION TABLE.

## GENERAL SURGERY CLASSIFIED.

Class of Case.	Operation under G.A.	No. Performed.
I. Abdominal Operations	Appendicectomy .. .. .	34
	Cholecystectomy .. .. .	6
	Cholecystostomy .. .. .	2
	Choledochotomy .. .. .	1
	Colostomy .. .. .	1
	Gastro-jejunostomy .. .. .	3
	Gastrostomy .. .. .	1
	Herniae Radical Cure .. .. .	18
	„ Strangulated .. .. .	7
	Intussusception .. .. .	2
	Laparotomy .. .. .	8
	For Perforated Gastric Ulcer .. .. .	1
	Rammstedt's Operation .. .. .	1
	Removal Cyst from Douglas Pouch .. .. .	1
		—
		86
II. Genito-Urinary	Circumcision .. .. .	1
	Cysto-lithotomy .. .. .	1
	Cystoscopy .. .. .	20
	Dilatation of Urethral Stricture .. .. .	1
	Epididymectomy .. .. .	2
	Exploration of left Kidney .. .. .	1
	Orchidectomy .. .. .	2
	Pyelo-lithotomy .. .. .	1
	Suprapubic Cystostomy .. .. .	9
	Suprapubic Prostatectomy .. .. .	1
	Uretero-lithotomy .. .. .	1
	Urethrotomy .. .. .	1
		—
		41
III. Respiratory	Bronchoscopy .. .. .	1
	Insertion of Intercostal Tube .. .. .	12
	Rib Resection .. .. .	3
		—
IV. Bones		16
	For Acute Osteomyelitis .. .. .	1
	Amputation of two toes .. .. .	1
	„ Foot .. .. .	1
	„ Leg .. .. .	4
	„ Symes .. .. .	1
	Gouging of Bone .. .. .	1
	Reduction of Fracture .. .. .	2
	Removal of Sequestrum .. .. .	5
		—
		16



**OPERATION TABLE—continued.**

Class of Case.	Operation under G.A.	No. Performed.
<b>V. Diseases of the Nose, Ear, Throat and Eye</b>	For Alveolar Cyst .. ..	1
	Dental Extractions .. ..	137
	Mastoidectomy .. ..	4
	For Post Auricular Carbuncle ..	1
	For Removal of Bronchial Cyst ..	1
	For Removal of Cyst of Eyelid ..	1
	Thyroidectomy .. ..	5
	Tonsils and Adenoids .. ..	13
		<hr/> 163
<b>VI. Gynaecological</b>	Abscess of Breast .. ..	9
	Amputation of Breast .. ..	3
	Caesarian Section .. ..	3
	Cauterization of Cervix .. ..	1
	Colpo-perineorrhaphy .. ..	7
	Colporrhaphy .. ..	3
	Dilatation and Curettage .. ..	71
	For Ectopic Gestation .. ..	4
	Enucleation of Bartholin's Cyst ..	1
	Hysterectomy .. ..	6
	Ovariectomy .. ..	4
	Perineorrhaphy .. ..	2
	For Polypus of Cervix .. ..	1
	Removal of adherent Placenta ..	1
	„ Fibroids of Uterus .. ..	1
	„ Hydatidiform Mole .. ..	1
	Salpingo-oophorectomy .. ..	1
	Surgical Induction of Labour ..	6
	Trachelorrhaphy .. ..	1
		<hr/> 126
<b>VII. Miscellaneous</b>	Abscesses (various) .. ..	77
	Blood Transfusions .. ..	17
	Cisternal Punctures .. ..	10
	Dilatation of Rectal Stricture ..	3
	Epidural Saline for Sciatica .. ..	2
	Excision of Granulation Tissue of Tongue .. ..	1
	For Haemorrhoids .. ..	7
	Ligature of Posterior Tibial Artery ..	1
	Pre-sacral Neurectomy .. ..	1
	Radical cure of Onychogryphosis ..	1
	Removal of Papilloma .. ..	1
	Sigmoidoscopy .. ..	9
		<hr/> 130
	Total Number of General Operations for the Year .. ..	578

## ORTHOPAEDIC OPERATIONS.

Abscesses .. .. .	15
Amputation of Foot .. .. .	1
Arthrodesis : Hip Joint .. .. .	3
„ Knee Joint .. .. .	6
„ Shoulder Joint .. .. .	3
Bone Graft : Albée Spinal .. .. .	5
„ Ist Metatarsal and Tibia .. .. .	3
For Congenital Dislocation of Hip .. .. .	1
Excision of Elbow Joint .. .. .	1
Fractures .. .. .	2
For Hallux Valgus .. .. .	3
Manipulation : Arthritic Deformities .. .. .	3
„ Feet .. .. .	6
„ Steindler .. .. .	5
„ Spine .. .. .	10
For Osteomyelitis .. .. .	19
Osteotomy .. .. .	2
Plaster Spica .. .. .	3
Removal of Cartilage of Knee .. .. .	7
„ Synovial thickening .. .. .	2
Replasters .. .. .	24
Rickets .. .. .	2
Skin Grafts .. .. .	2
Shelf to Acetabulum .. .. .	1
Stabilization of Feet .. .. .	6
Tenotomies .. .. .	8
Winnett Orr Dressings .. .. .	34
Miscellaneous .. .. .	13

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## ANAESTHETICS USED.

Avertin, Nitrous Oxide, Oxygen .. .. .	5
Chloroform .. .. .	4
Decicaine Spinal, Ether, Chloroform .. .. .	3
Decicaine Spinal, Nitrous Oxide, Oxygen .. .. .	6
Ether (open) .. .. .	31
Ether, Chloroform (open) .. .. .	38
Ethyl Chloride .. .. .	15
Ethyl Chloride and Ether .. .. .	116
Ethyl Chloride, Ether, Chloroform .. .. .	3
Locals .. .. .	48
Nitrous Oxide .. .. .	63
Nitrous Oxide, Oxygen .. .. .	89
Nitrous Oxide, Oxygen, Ether .. .. .	137
Novocain, Nitrous Oxide, Oxygen .. .. .	1
Spinal Decicaine .. .. .	27
Spinal Stovain .. .. .	4
Sodium Evipan .. .. .	129
Sodium Evipan, Ether .. .. .	2
Sodium Evipan, Ethyl Chloride, Ether .. .. .	1
Sodium Evipan, Nitrous Oxide .. .. .	1
Sodium Evipan, Nitrous Oxide, Oxygen .. .. .	3

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## LABORATORY REPORT FOR 1937.

By

E. MILFORD WARD, M.B., B.S. (Lond.)

The Laboratories at the City General Hospital and the City Isolation Hospital have continued to work in unison during the year. The extent of their interdependence is shown in the figures analysed below.

The work at the City General Hospital Laboratory has maintained its scope during the year, a total of approximately 6,500 investigations having been performed. The Department is rapidly out-growing the room at its disposal. In the first instance the Laboratory was provided as a "clinical room" but it now has to function as a biochemical laboratory, a histological laboratory, a haematological laboratory, and a bacteriological laboratory. The floor space is used to the best advantage and as much bench room as possible has been provided. Any further extension of the usefulness of the Department appears to be dependent upon the provision of more accommodation.

The addition of a second excellent microscope (by Leitz) has greatly facilitated the work of the department. This assistance has been stressed since the technique of the collection of blood samples for the enumeration and examination of the cells has changed during the latter months of the year. It has been the custom previously to proceed to the ward and to make the necessary dilutions of the blood at the bedside. This procedure was time-consuming, and, another factor of importance, if there was a doubt concerning one or other of the results of the counts, a second visit to the patient was necessary. The majority of blood counts are now performed on venous blood which is prevented from clotting by the addition of potassium and ammonium oxalate. The blood counts for the morning and afternoon are collected during one tour of the wards at the beginning of the session and then the task of investigating the samples is commenced. It is possible to do a large number of different blood investigations on the same sample of oxalated blood and a blood disorder can be completely investigated after one visit to the patient. This change of technique has also enabled us to record the "cell volume" and "mean corpuscular volume" rather than the "colour index"—a procedure more in accordance with modern haematological practice.

The Laboratory has been used considerably during the year for the control of treatment. Two examples may be given:—



1. The estimation of the pH. of the Urine in cases of urinary infection being treated by mandelic acid therapy.
2. The Reticulocyte count in cases of Pernicious Anaemia treated by the various proprietary liver extracts.

In the case of the mandelic acid therapy, success in treatment depends upon keeping the urine sufficiently acid. It has been found that unless specimens are examined frequently in the Laboratory, as often as once daily, there is considerable difficulty in maintaining the correct acid value, and so there is failure to obtain the maximum benefit from the treatment.

The liver extracts sold for the treatment of Pernicious Anaemia, although they are placed on the market only after clinical trial, appear to vary considerably in their efficiency. For a series of cases Anahaemin (B.D.H.) was producing such good results that the figures were recorded by us in the "British Medical Journal" (B.M.J. 1.37.1090). A later batch of the same extract appeared from our Laboratory investigations to be useless, and, after correspondence with the manufacturers, the batch was returned. It appears that the treatment of Pernicious Anaemia by the administration of the various liver extracts without adequate Laboratory control, is hopeless.

During the latter part of the year an investigation into the effect of the "Fluid-intake" in pneumonia was commenced. It is hoped to record a summary of the findings and the conclusions in a later report.

### **Wassermann and Kahn Reactions.**

Until October, these investigations were carried out in the Laboratories of the Leicester Royal Infirmary. During the last quarter of the year they have been performed at the City Isolation Hospital. A note concerning the technique used will be found in the Report of the Medical Superintendent of the City Isolation Hospital.

The usefulness of the Complement Deviation Test for Gonorrhoea is being realised increasingly. With a good antigen, the results of this test appear to be both reliable and useful. There is, as yet, no agreement among Venereologists with regard to this test as a "Test of Cure." On one side it is considered that no case of Gonorrhoea can be classified as cured whilst the C.D.T.(gono.) remains positive; the other school disregard a persistent positive if a careful and conscientious search fails to reveal a residual focus of infection. In this Hospital the test appears to be useful in cases of Salpingitis and unexplained "Arthritis."

A comparable test for tuberculosis on the fluid obtained from the chest in cases of "Pleural effusion" is being investigated and it is hoped to publish, at a later date, the conclusions concerning the usefulness or otherwise of this reaction.

The Junior Laboratory technician has been placed in charge of the Benedict Basal Metabolism apparatus purchased during the year. At the moment the estimation of the B.M.R. is controlled by the responsible Resident Medical Officer.

The staff of the Laboratory has remained unchanged during the year.

E. MILFORD WARD.

## LABORATORY REPORT.

### Statistics.

Blood Count (Complete) .. .. .	318
,,    ,,   (White) .. .. .	208
,,    ,,   (Red) .. .. .	227
,,    ,,   (Reticulocyte or Platelet) .. .. .	68
,,    Grouping .. .. .	71
,,    Coagulation or Bleeding Time .. .. .	8
,,    Bicarbonate .. .. .	5
,,    Calcium .. .. .	13
,,    Cholesterol .. .. .	9
,,    Chloride .. .. .	15
,,    Phosphorus .. .. .	1
,,    Protein .. .. .	4
,,    Sugar Tolerance Curve .. .. .	12
,,    ,,   (Single Estimations) .. .. .	131
,,    Urea .. .. .	281
,,    Urea Clearance .. .. .	18
,,    Uric Acid .. .. .	1
,,    for Van den Bergh Test, Icterus Index .. .. .	50
,,    ,,   Culture .. .. .	54
,,    ,,   Sedimentation Rate .. .. .	1,385
,,    ,,   Specific Gravity .. .. .	44
Cerebro-Spinal Fluid (Complete) .. .. .	168
Throat Swabs for K.L.B. (Some Aural and Nasal) .. .. .	135
,,    ,,   ,,   Haem. Streps, etc. .. .. .	141
Swabs for G.C., etc. .. .. .	105
Pus, Pleural Fluid, etc., for Culture .. .. .	226
Fractional Test Meals .. .. .	79
Sputum for Organisms, Cells, etc. .. .. .	307
,,    ,,   for T.B. .. .. .	932
Sputum for Typing of Pneumococci .. .. .	9
Urine for p.H. Estimation .. .. .	311
,,    ,,   Microscopical Examination .. .. .	306
,,    ,,   Micro. and Culture .. .. .	205

Urine for Micro. and Chemical Examination	..	..	..	..	..	106
„ „ Urea Concentration	..	..	..	..	..	54
„ „ T.B.	..	..	..	..	..	45
„ „ Chloride Estimation	..	..	..	..	..	21
Faeces for Occult Blood or Parasites	..	..	..	..	..	68
„ „ Culture	..	..	..	..	..	28
„ „ T.B.	..	..	..	..	..	24
C.D.T. (Gono)	..	..	..	..	..	10
Vaccines prepared	..	..	..	..	..	5
Microtome Sections	..	..	..	..	..	228
Miscellaneous	..	..	..	..	..	41
Basal Metabolic Rate	..	..	..	..	..	13
						6,486
Post Mortem examinations	..	..	..	..	..	267

## EXAMINATIONS OTHER THAN FOR CITY GENERAL HOSPITAL.

### Isolation Hospital :—

Miscellaneous	..	..	..	..	..	..	15
Microtome Sections		..	..	..	..	..	10
Blood Urea	..	..	..	..	..	..	13
„ Calcium	..	..	..	..	..	..	1
„ Bicarbonate	..	..	..	..	..	..	1
„ Sugar	..	..	..	..	..	..	3
„ Urea Clearance		..	..	..	..	..	13
„ Sulphaemoglobin	..		..	..	..	..	3
Van den Bergh	..	..	..	..	..	..	3
Icterus Index	..	..	..	..	..	..	2
Cerebro-Spinal Fluid		..	..	..	..	..	13
Pleural Fluid	..	..	..	..	..	..	7
Urine	..	..	..	..	..	..	2
Fractional Test Meal		..	..	..	..	..	2
Complement Titration		..	..	..	..	..	76
							163

### Westcotes Maternity Home :—

Urine (Microscopic and Culture)	..	..	..	..	..	2
Blood Counts	..	..	..	..	..	2

### Various :—

Blood Urea	..	..	..	..	..	..	..	3
„ Counts	..	..	..	..	..	..	..	6
„ Sugar	..	..	..	..	..	..	..	1
„ Sedimentation Rate			..	..	..	..	..	2
„ Culture	..	..	..	..	..	..	..	1
Urine (Micro. Deposit)	..		..	..	..	..	..	1
Urea Clearance	..	..	..	..	..	..	..	1
„ Concentration		..	..	..	..	..	..	1
Faeces (Culture, etc.)		..	..	..	..	..	..	1
								<hr/>
								17



## OUTSIDE EXAMINATIONS FOR CITY GENERAL HOSPITAL.

### Isolation Hospital :—

Guinea Pig Inoculations for T.B.	..	..	..	..	60
„ „ „ „ K.L.B. Virulence				..	6
Blood for Widal Reaction	..	..	..	..	9
C.D.T. (Gono)	..	..	..	..	7
Faeces for T.B.	..	..	..	..	3
Wassermann Reactions	..	..	..	..	130
Kahn Reactions	..	..	..	..	98
					<hr/>
					313

### Royal Infirmary :—

Wassermann Reactions	..	..	..	..	466
Kahn Reactions	..	..	..	..	269
Complement Fixation for G.C.	..	..	..	..	10
					<hr/>
					745
					<hr/>

### Edinburgh University (Pregnancy Diagnosis Laboratory) :—

Ascheim Zondek Reactions	..	..	..	..	13
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### School of Tropical Medicine and Hygiene :—

C.D.T. (Hydatid)	..	..	..	..	1
------------------	----	----	----	----	---

## MATERNITY DEPARTMENT.

Number of Maternity Beds provided	..	..	..	8
„ „ Cases admitted during the year	..	..	..	339
Average duration of stay (in days)	..	..	..	14
Number of cases delivered by Midwives	..	..	..	319
„ „ „ Doctors	..	..	..	20
„ „ notified as Puerperal Fever	..	..	..	2
„ „ „ „ Pyrexia	..	..	..	7
„ „ „ Ophthalmia Neonatorum	..	..	..	4
„ Maternal Deaths	..	..	..	1
„ Infant Deaths in children born in Hospital	..	..	..	17
„ of Stillbirths	..	..	..	18
Percentage of Stillbirths per Live Birth	..	..	..	5.54
Transfers from Westcotes Maternity Home—Mothers	..	..	..	10
Infants	..	..	..	2

### Maternal Deaths.

Puerperal Toxaemia	..	..	..	..	..	..	1
--------------------	----	----	----	----	----	----	---

### Infant Deaths.

Prematurity	..	..	..	..	..	..	12
Insufficient Vitality at Birth	..	..	..	..	..	..	1
Asphyxia Neonatorum	..	..	..	..	..	..	2
Spina Bifida	..	..	..	..	..	..	2

### Operative Midwifery.

Caesarian Section..	..	..	..	..	..	..	3
Internal Version	..	..	..	..	..	..	1
Forceps	..	..	..	..	..	..	17
Manual Removal of Placenta	..	..	..	..	..	..	2
General Anaesthetics	..	..	..	..	..	..	33
Surgical induction of Labour	..	..	..	..	..	..	6
							—
							62
							—

### Abnormal Cases.

Complicated with Fibroid Uterus	..	..	..	..	..	1
Breech Presentations	..	..	..	..	..	19
Encephalic Monster	..	..	..	..	..	2
Twins	..	..	..	..	..	6
Other Abnormal Presentations	..	..	..	..	..	1
						—
						29
						—

**CLASSIFICATION OF CASES TREATED DURING 1937**  
**From January 1st to December 31st**  
**and DISCHARGED.**

*MEDICAL CASES.*

**I. General Infections.**

Chorea .. .. .	36	Septicaemia, Pneumococcal ..	5
Diphtheria .. .. .	14	"    Staphylococcal ..	3
Erysipelas .. .. .	21	"    Streptococcal ..	2
Influenza .. .. .	79	Tetanus .. .. .	1
Malaria .. .. .	1	Toxaemia .. .. .	1
Measles .. .. .	14	Typhoid .. .. .	1
Miliary Tuberculosis .. .. .	8	Paratyphoid .. .. .	1
Pertussis .. .. .	6	Undulant Fever .. .. .	1
Rheumatism, Acute .. .. .	51	Varicella .. .. .	20
Rheumatism, Gonorrhoeal .. .. .	1		
Scarlet Fever .. .. .	3		<hr/> 269

**II. Respiratory Disorders.**

Asphyxia Neonatorum .. .. .	2	Pneumonia, Broncho- ..	125
Asthma, Bronchial .. .. .	48	"    Hypostatic ..	6
"    Cardiac .. .. .	3	"    Influenzal ..	52
Atelectasis of Lung .. .. .	3	"    Lobar .. .. .	165
Bronchiectasis .. .. .	19	"    Rheumatic ..	1
Bronchitis, Acute .. .. .	105	Pulmonary Catarrh .. .. .	2
"    Chronic .. .. .	80	"    Tuberculosis ..	208
"    Influenzal .. .. .	15	Respiratory Failure .. .. .	1
Carcinoma of the Bronchus .. .. .	7	Silicosis .. .. .	1
Collapse of Lung .. .. .	5	Tuberculous Broncho- ..	
Emphysema .. .. .	1	Pneumonia .. .. .	1
Fibrosis of Lung .. .. .	7	Tuberculous Mediastinal ..	
Gangrene of Lung .. .. .	1	Adenitis .. .. .	1
Haemoptysis .. .. .	4	Tuberculous Pleurisy with ..	
Lung Infarction .. .. .	3	Effusion .. .. .	8
Neoplasm of Lung .. .. .	2		<hr/>
Oedema of Lung .. .. .	8		904
Pleural Effusion .. .. .	19		<hr/>
Pleurodynia .. .. .	1		



### III. Diseases of Heart and Circulation.

Acute Rheumatic Carditis ..	21	Coronary Stenosis ..	1
Aneurysm of Aorta ..	2	„ Thrombosis ..	8
Angina Pectoris ..	2	Essential Hypertension ..	9
Angina Psychogenie ..	1	Femoral Vein Thrombosis ..	2
Aortic and Mitral Incompetence	15	Gonococcal Endocarditis ..	1
„ Regurgitation ..	10	Hyperphlebaemia ..	1
„ Stenosis ..	4	Hyperpiesia ..	56
Arterio Sclerosis ..	24	Hypertensive Coronary Artery	
Auricular Fibrillation ..	63	Disease ..	4
Bacterial Endocarditis ..	2	Hypertensive Encephalopathy	2
Bilateral Thrombosis ..	1	Mitral Stenosis ..	30
Bundle Branch Block ..	3	Myocardial Degeneration ..	33
Calcification of Arteries ..	1	„ Infarction ..	1
Cardiac Asthma ..	3	Myocarditis ..	54
„ Failure ..	13	Neuro-Circulatory Asthenia ..	1
„ Hypertrophy ..	2	Oedema of Leg ..	1
„ Ischaemia ..	1	Pericarditis ..	3
Cardio Vascular Degeneration	11	Pseudo-Arterial Aneurysm ..	1
„ Syphilis ..	1	Pulmonary Stenosis ..	2
Cavernous Sinus Thrombosis	1	Rheumatic Endocarditis ..	15
Cerebral Haemorrhage ..	5	„ Heart Fibrillation ..	1
Congenital Heart Disease ..	7	Syphilitic Aortitis ..	2
Congestive Heart Failure ..	5	Tachycardia ..	7
Coronary Atheroma ..	2		
„ Sclerosis ..	5		440

### IV. Nervous Diseases.

Amyotonia Atrophica ..	1	Meningitis, Streptococcal ..	3
Amyotrophic Lateral Sclerosis	4	„ Tuberculous ..	3
Bell's Paralysis ..	1	Meningismus ..	1
Birth Palsy ..	1	Migrane Vagatonia ..	1
Cerebral Embolism ..	4	Myelitis ..	2
„ Haemorrhage ..	15	Neuralgia ..	2
„ Softening ..	3	Neurosypilis ..	2
„ Syphilis ..	4	Occipital Lobe Neoplasm ..	1
„ Thrombosis ..	74	Oedema of Brain ..	1
Convulsions ..	4	Paralysis Agitans ..	4
Disseminated Sclerosis ..	2	Parkinsonism ..	6
Embolism ..	1	Peripheral Neuritis ..	2
Encephalopathy ..	7	Pontine Haemorrhage ..	2
Epilepsy ..	18	Postero-Lateral Sclerosis ..	1
Friedreich's Ataxia ..	2	Progressive Muscular Atrophy	2
Frontal Lobe Neoplasm ..	1	Pseudo-hypertrophic muscular	
Habit Spasm ..	1	dystrophy ..	1
Hemiplegia ..	6	Sciatica ..	8
Herpes Zoster ..	2	Spinal Tumour ..	2
Hydrocephalus ..	1	Sub-arachnoid Haemorrhage	7
Hysterical Paralysis ..	1	Syphilitic amyotrophy ..	1
Korsakoff's Syndrome ..	1	Tabes Dorsalis ..	8
Little's Disease ..	3	Tabes Paresis ..	1
Meningitis, Disseminate		Vertigo ..	1
encephalo- ..	1	Tumour of Meninges ..	1
„ Meningococcal ..	6		
„ Pneumococcal ..	1		228

## V. Mental Disorders.

Anxiety Neurosis .. ..	14	Mongolism .. ..	5
Attempted Suicide .. ..	4	Neurasthenia .. ..	16
General Paralysis of the Insane	4	Obsessional Neurosis ..	1
Hyperchondriasis .. ..	1	Paranoia .. ..	7
Hysteria .. ..	8	Post Partum Mental Depression	1
Insanity .. ..	24	Problem Child .. ..	1
Insomnia .. ..	1	Psychoneurosis .. ..	3
Malingering .. ..	2	Puerperal Insanity .. ..	2
Mania .. ..	4	Schizophrenia .. ..	7
Melancholia .. ..	8	Senile Dementia .. ..	2
Mental Deficiency .. ..	5	Traumatic Neurasthenia ..	1
Mental Instability .. ..	2		
			<hr/> 123

## VI. Metabolic and Endocrinal Disorders.

Acidosis .. ..	10	Infantile Toxic Polyneuritis ..	1
Carcinoma of the Thyroid Gland .. ..	1	Infantilism, Lorraine Type ..	1
Decreased Sugar Tolerance	1	Myxoedema .. ..	3
Diabetes Mellitus .. ..	41	Parathyroid Adenoma ..	1
Diabetic Gangrene .. ..	8	Pink Disease .. ..	2
Gout .. ..	3	Supra Renal Haemorrhage ..	1
Hodgkins' Disease .. ..	2	Toxic Adenoma of Thyroid ..	1
Hyperthyroidism .. ..	12		<hr/> 88

## VII. Nutritional and Congenital Defects.

Bilateral congenital disease of		Prematurity .. ..	22
Hip .. ..	1	Rickets .. ..	9
Debility .. ..	9	Senility .. ..	41
Gangrene of Foot .. ..	6	Senile Gangrene .. ..	3
Glycosuria .. ..	1	Spina Bifida .. ..	2
Lactational Debility .. ..	1	With Mother for Feeding ..	15
Malnutrition .. ..	23		<hr/> 137
Microcephalus .. ..	2		
Obesity .. ..	2		

## VIII. Intoxications, Poisonings, etc.

Acute Alcoholism .. ..	1	Oxycyanide of Mercury	
Alcoholic Coma .. ..	1	Poisoning .. ..	1
		Tri-chlor-ethylene intoxication	1

## IX. Kidney Diseases.

B. Coli Pyelitis .. ..	2	Nephro Sclerosis .. ..	2
Haematuria .. ..	1	Nephroptosis .. ..	2
Hydro-Nephrosis .. ..	3	Oxaluria .. ..	2
Hydro-Nephrosis, Bi-lateral ..	1	Parenchymatous Syphilis ..	1
Lipuria .. ..	1	Pyelitis .. ..	12
Nephritis .. ..	36	Pyonephrosis .. ..	2
„ Chronic Interstitial	13	Uraemia .. ..	35
„ sub-acute diffuse			<hr/> 115
glomerulo .. ..	1		
Pyelonephritis .. ..	1		

## X. Bones, Joints and Fibrous Tissues (Affections of)

Arthritis, Chronic Infectious ..	2	Fibrositis of Neck .. ..	1
„ Gonococcal .. ..	1	Loose Bodies in Knee Joints ..	1
„ Hypertrophic .. ..	1	Lumbago .. ..	1
„ Lumbar .. ..	1	Myositis .. ..	1
„ Multiple .. ..	2	Osteo-Sclerosis of Pelvis ..	1
„ Osteo- .. ..	5	Schlatter's Disease .. ..	1
„ Osteo- of Hip .. ..	1	Spondylitis Deformans ..	2
„ Osteo- of Spine .. ..	10	Sprained Back .. ..	1
„ Rheumatic .. ..	23	Synovitis, Gonorrhoeal ..	1
„ Sacroiliac .. ..	1	„ of Knee .. ..	1
Bursitis .. ..	4	Tenosynovitis .. ..	1
Costal Myalgia .. ..	1		
Fibrosis .. ..	2		66

## XI. Digestive System (Disorders of)

Achlorhydria .. ..	1	Gastro-Intestinal Ulcer ..	1
Ascites .. ..	1	Haematemesis .. ..	7
Atony of Stomach .. ..	1	Headaches .. ..	1
Calcified Glands of Abdomen	1	Intestinal Stasis .. ..	4
Cancrum Oris .. ..	1	Jaundice, Catarrhal .. ..	10
Catarrh, Chronic Intestinal ..	4	„ Obstructive .. ..	3
Colitis .. ..	10	Neurotic Vomiting .. ..	2
Colitis, Acute Ileo .. ..	2	Parasitic Infection Taenia	
„ Mucous .. ..	1	Mediocanellata .. ..	1
Constipation .. ..	8	Pyloric Stenosis .. ..	1
Diarrhoea .. ..	3	Stomatitis .. ..	11
Dyspepsia, Flatulent .. ..	1	Subacute Yellow Atrophy of	
Dysphagia .. ..	1	Liver .. ..	1
Gastritis .. ..	3	Tuberculous Mesenteric Glands	1
Gastric Ulcer .. ..	37	Visceroptosis .. ..	1
Gastro-Duodenal Ulcer .. ..	15		179
Gastro-Enteritis .. ..	45		

## XII. Disease of the Skin.

Abrasions of Face .. ..	1	Pruritis Vulva .. ..	2
Chronic Skin Ulceration .. ..	1	Psoriasis .. ..	3
Dermatitis .. ..	21	Phtheiriasis .. ..	4
Dermatitis, Seborrhoeic .. ..	3	Rodent Ulcer .. ..	1
„ Streptococcal .. ..	6	Scabies .. ..	77
Erythema Multiforme .. ..	1	Seborrhoea Capitis .. ..	1
„ Nodosum .. ..	6	Sinuses of Leg .. ..	1
Eczema .. ..	21	Squamous Epithelioma .. ..	2
Furunculosis .. ..	3	Sycosis Barbae .. ..	3
Impetigo .. ..	46	Sycosis, Coccogenic .. ..	2
Keratoma Senilis .. ..	1	Tinea Corporis .. ..	2
Lupus Erythematosus .. ..	1	Trophic Ulceration .. ..	1
Napkin Rash .. ..	1	Ulcers, Crural .. ..	1
Papilloma of Skin .. ..	1	Urticaria Papulosa .. ..	4
Pediculosis .. ..	5		226
Pemphigus Neonatorum .. ..	3		
Pruritis Ani .. ..	1		

## XIII. Blood disorders.

Anaemia, Alimentary .. ..	1	Melaena Neonatorum .. ..	1
„ Hypochromic .. ..	10	Purpura Haemorrhagica .. ..	2
„ Pernicious .. ..	12	Splenomegaly .. ..	1
„ Splenic .. ..	2	Sulphaemoglobinaemia .. ..	1
Leukaemia, Acute Lymphatic	4		36
„ Monocytic .. ..	1		
„ Myeloid .. ..	1		



# CLASSIFICATION OF DISCHARGES.

## SURGICAL CASES.

### I. ALIMENTARY SYSTEM.

Abscess of Liver .. .. 1	Hernia, Ventral .. .. 3
Achlorhydria .. .. 1	Hydatid Disease .. .. 1
Actinomycosis of Abdomen .. 1	Internal Haemorrhoids .. 8
Anal Stricture .. .. 1	Intestinal Obstruction .. 5
Appendicitis .. .. 42	Ischio-Rctal Abscess .. 13
Carcinoma of the Oesophagus .. 3	Papilloma of Rectum .. 1
"    "    Caecum .. 2	Peritoneal Adhesions .. 1
"    "    Colon .. 10	Peritonitis, Pneumococcal .. 2
"    "    Gall Bladder .. 3	"    Suppurative .. 3
"    "    Liver .. 4	Portal Pyelo-Phlebitis .. 1
"    "    Pancreas .. 1	Proctitis .. .. 1
"    "    Peritoneum .. 1	Prolapse of Rectum .. 2
"    "    Rectum .. 11	Pyloric Stenosis .. 5
"    "    Stomach .. 11	Retro-peritoneal Sarcoma .. 1
Cholecystitis, Acute .. .. 14	Ruptured varicose veins of
Cirrhosis of Liver .. .. 9	Oesophagus .. .. 1
Diverticulitis .. .. 1	Stone in Gall Bladder .. 9
Faecal Impaction .. .. 1	Tuberculous Peritonitis .. 14
"    fistula .. .. 1	Tuberculous Rectum .. 1
Fistula-in-Ano .. .. 5	Tracheo-oesophageal fistula .. 1
Gastroptosis .. .. 1	Umbilical Sepsis .. 1
Hepatitis, Acute .. .. 1	Volvulus of small intestine .. 1
Hernia, femoral .. .. 3	
Hernia, Inguinal .. .. 18	
Hernia, Umbilical .. .. 2	
	223

### II. Urino-Genital System.

Aortitis, Syphilitic .. .. 1	Peri-Nephritic Abscess .. 1
Balanitis .. .. 2	Peri-Urethral Abscess .. 2
Carcinoma of the Prostrate .. 4	Phimosis .. .. 4
"    "    Testis .. 2	Pyelitis .. .. 7
Circumcision .. .. 1	Pyuria .. .. 1
Congenital Polycystic Kidney .. 1	Renal Calculi .. .. 12
Cystitis .. .. 22	Scrotal Sinuses .. .. 1
"    Gangrenous .. .. 1	Simple Calcified growth of
"    Syphilitic .. .. 1	Pancreas or Kidney .. 1
"    Tuberculous .. .. 2	Syphilitic Amyotrophy .. 1
Dietl's Crisis .. .. 1	Stone in Ureter .. .. 1
Enlarged Prostrate .. .. 30	Stricture of Urethra .. 2
Epithelioma of Penis .. .. 1	Tertiary Syphilis .. .. 14
Fibrotic Prostrate .. .. 1	Tuberculous Epididymitis .. 1
Gonococcal Synovitis .. .. 1	"    Kidney .. .. 4
"    Urethritis .. .. 3	"    Orchitis .. .. 1
Gonorrhoea .. .. 4	Undescended Testicle .. 1
Hydrocele .. .. 1	Ureteral Calculus .. .. 4
Hypernephroma of Kidney .. 2	Varicocele .. .. 1
Nephrolithiasis .. .. 1	Vesicle Calculus .. .. 1
Papilloma of Bladder .. .. 1	
Papilloma of Prostrate .. .. 1	
Perineal Abscess .. .. 5	
	149

### III. Affections of Mouth, Nose, Ear and Throat.

Abscess, Alveolar .. ..	7	Gingivitis .. ..	2
Abscess in Ear .. ..	1	Hare Lip .. ..	1
„ of Jaw .. ..	1	Laryngitis .. ..	5
„ of Neck .. ..	1	Laryngitis, Acute .. ..	3
Abscess, Peritonsillar .. ..	5	„ Tuberculous .. ..	3
Antrum Infection .. ..	2	Malignant Parotid Gland .. ..	1
Auricular Lymphangitis .. ..	1	Mastoiditis .. ..	4
Branchial Cyst .. ..	1	Neoplasm of Antrum of High-	
Carcinoma of Larynx .. ..	1	more .. ..	1
„ Pharynx .. ..	1	Oedema of Glottis .. ..	1
„ Tongue .. ..	3	Otitic Hydrocephalus .. ..	1
Cervical Adenitis, Tuberculous	1	Otitis Externa .. ..	2
Coryza .. ..	2	Otitis Media .. ..	31
Dental Caries .. ..	19	Pharyngitis .. ..	6
„ Cysts .. ..	2	Pyorrhoea .. ..	5
Epistaxis .. ..	1	Tinnitus .. ..	1
Epithelioma of Alveolus .. ..	2	Tonsillitis .. ..	40
„ „ Jaw .. ..	1		
„ „ Lip .. ..	1		161
„ „ Nose .. ..	1		

### IV. Affections of the Eyes.

Acute Glaucoma and Iritis ..	1	Discharging Eyes .. ..	1
Blepharitis .. ..	2	Keratitis .. ..	7
Conjunctivitis .. ..	6	Ophthalmia neonatorum .. ..	4
Corneal Opacities .. ..	1	Rodent Ulcers of Eye .. ..	2
„ Ulcer .. ..	7		
Dermoid Cyst of Right Eye	1		32

### V. Affections of Bones and Joints.

Adenitis .. ..	18	Osteo-Myelitis of Tibia .. ..	3
Carcinoma of Dorsal Vertebrae	1	Prepatellar Bursitis .. ..	2
Dactylitis .. ..	1	Septic Bursitis .. ..	1
Dislocated Hip .. ..	1	Sequestra .. ..	2
Epithelioma of Leg .. ..	1	Shortening of one leg with	
Fracture of Clavicle .. ..	1	results .. ..	1
„ Femur .. ..	16	Sprained Ankle .. ..	3
„ Fibula .. ..	7	Stabilization of Foot .. ..	1
„ Hip .. ..	1	Subluxation of R. Sterno-	
„ Humerus .. ..	4	Clavicular Joint .. ..	1
„ Metacarpus .. ..	1	Synovitis of Knee, Acute .. ..	2
„ Metatarsus .. ..	1	Thrombosis of Leg .. ..	1
„ Multiple .. ..	1	Tuberculous Abscess of Rib	1
„ Phalanx .. ..	1	„ Ankle .. ..	1
„ Radius and Ulna .. ..	2	„ Arthritis .. ..	1
„ Ribs .. ..	7	„ Dactylitis .. ..	1
„ Skull .. ..	1	„ Dorsal Spine .. ..	2
„ Tibia .. ..	2	„ Elbow .. ..	5
„ Ulna .. ..	1	„ Hip .. ..	22
Hallux Rigidus .. ..	3	„ Knee .. ..	16
„ Valgus .. ..	2	„ Periostitis of Rib .. ..	1
Head Injury .. ..	1	„ Shoulder .. ..	1
Injury to Knee .. ..	1	„ Spine .. ..	28
Internal derangement of Knee	2	„ Tarsus .. ..	1
Kypho-Scoliosis .. ..	1	Vertebral Collapse .. ..	1
Multiple Exostoses .. ..	1		
Osteo-Myelitis of Femur .. ..	8		185

## VI. Respiratory System.

Abscess of Lung .. ..	4	Empyema .. ..	24
Carcinoma of the Lung .. ..	3		
			<hr/> 31 <hr/>

## VII. Gynaecological Cases and Disorders connected with Pregnancy.

### *Disorders of Pregnancy.*

Abortion, Complete .. ..	30	Hydramnios .. ..	2
„ Incomplete .. ..	52	Hyperemesis Gravidarum ..	9
„ Induced .. ..	1	Neurotic Vomiting of Pregnancy	2
„ Septic .. ..	5	Placenta, Adherent .. ..	1
„ Threatened .. ..	7	„ Praevia .. ..	6
Albuminuria of Pregnancy ..	13	„ Retained .. ..	1
Eclampsia .. ..	4	Pregnant (not confined) ..	36
Ectopic Gestation .. ..	4	Pyelitis of Pregnancy ..	10
Femoral Thrombosis .. ..	3	Toxaemia of Pregnancy ..	9
Haemorrhage, Accidental ..	11	Uterine Haemorrhage ..	2
„ Ante Partum .. ..	1		

### *Disorders of the Puerperium.*

Haemorrhage, Post Partum ..	4	Puerperal Sepsis .. ..	1
Perineal Tear .. ..	5	„ Toxaemia .. ..	1
Puerperal Debility .. ..	1	Rupture of Perineum ..	1
„ Phlebitis .. ..	1		

### *Disorders of the Uterus.*

Carcinoma of Cervix Uteri ..	23	Lacerated Cervix Uteri ..	1
„ of Fundus Uteri ..	3	Leucorrhoea .. ..	3
Cervical Erosion .. ..	2	Menorrhagia .. ..	5
„ Polypus .. ..	3	Metrorrhagia .. ..	5
Dysmenorrhoea .. ..	9	Procidentia .. ..	9
Endometritis .. ..	1	Retroverted Uterus .. ..	5
Fibroid Uterus .. ..	10	Septic Endometritis .. ..	1
Incarcerated Retroverted		Urethral Dislocation by	
Gravid Uterus .. ..	1	Cystocele .. ..	1

### *Disorders of the Ovaries.*

Carcinoma of the Ovaries ..	2	Multilobular Cysto Adenoma of	
Ovarian Cyst .. ..	7	Ovary .. ..	1
Malignant Ovarian Tumour ..	1		

### *Disorders of the Fallopian Tubes.*

Salpingitis .. ..	7	Gonorrhoeal Salpingitis ..	1
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### *Disorders of the Vagina.*

Bartholin's Glands Abscess ..	2	Labial Abscess .. ..	1
Carcinoma of the Vagina ..	2	Recurrent Scar of Vagina ..	1
Cyst of Vulva .. ..	1	Vaginal Discharge .. ..	1
Epithelioma of Vulva .. ..	2	Vaginitis .. ..	3

### *Disorders of the Breast.*

Breast Abscess .. ..	9	Mastitis .. ..	6
Carcinoma of the Breast ..	20		

### *General Disorders and Miscellaneous.*

Carcinoma of Pouch of Douglas ..	1	Pelvic Abscess .. ..	1
Menopausal Haemorrhage ..	1	„ Metastasis .. ..	1



### VIII. Orthopaedic.

Abscess of Rt. Femur ..	1	Periostitis of Humerus.. ..	1
Anterior Poliomyelitis ..	10	Perthe's Disease .. ..	5
Arthritis, Gonococcal ..	1	Pes Cavus .. ..	5
„ of Hip .. ..	1	Prepatellar Bursitis .. ..	1
„ Multiple .. ..	1	Pseudo-hypertrophic muscular	
„ of Spine .. ..	2	dystrophy .. ..	1
„ of Thumb .. ..	1	Psoas Abscess .. ..	2
Bilateral Congenital dislocation		Rickets .. ..	6
of Hip .. ..	1	Sacro-Iliac Disease .. ..	1
Congenital Equino-Varus ..	4	Schlatter's Disease .. ..	1
„ Half Vertebrae ..	1	Sinus of Forearm (Chronic) ..	1
Contractions, Multiple ..	1	Sinuses .. ..	1
„ Scar .. ..	2	Spastic Paralysis .. ..	1
Deranged Knee Cartilage ..	5	Spondylitis .. ..	1
Dislocated Hip .. ..	1	Talipes Equino-Varus ..	1
„ Patella .. ..	1	Tuberculous Abscess of Thigh	1
Fractured Metatarsus ..	1	„ Ankle .. ..	1
„ Tibia .. ..	2	„ Elbow .. ..	5
Genu Varum .. ..	5	„ Hip .. ..	22
Hallux Rigidus .. ..	3	„ Knee .. ..	16
„ Valgus .. ..	3	„ Rib .. ..	1
Internal Derangement of Knee	2	„ Shoulder .. ..	1
Osteo-Arthritis of Hip ..	1	„ Spine .. ..	28
„ „ Spine ..	10	„ Tarsus .. ..	2
Osteo-Myelitis of Femur ..	12	Volkman's Contraction ..	1
„ „ Tibia ..	3		
„ „ Os Calcis ..	2		
Paraplegia .. ..	1		184

### IX. Malignant Growths—Summary of

Carcinoma of the Oesophagus	3	Carcinoma of the Testis ..	2
„ „ Bladder ..	3	„ „ Thyroid ..	1
„ „ Breast ..	20	„ „ Gland ..	1
„ „ Bronchus	7	„ „ Tongue ..	3
„ „ Caecum ..	2	„ „ Vagina ..	2
„ „ Cervix Uteri	23	Epithelioma of Alveolus ..	2
„ „ Colon ..	10	„ Leg .. ..	1
„ „ Dorsal Verte-		„ Lip .. ..	1
brae ..	1	„ Nose .. ..	1
„ „ Fundus		„ Vulva .. ..	2
„ „ Uteri ..	3	Lympho-Sarcoma of Neck ..	1
„ „ Hepatic Duct	1	Malignant Ovarian Cyst ..	1
„ „ Larynx ..	1	Malignant Parotid Tumour	2
„ „ Liver ..	4	Metastases in Scar .. ..	1
„ „ Lung ..	3	Neoplasm of Antrum of High-	
„ „ Ovary ..	2	more .. ..	1
„ „ Pancreas	1	Papilloma of Bladder ..	1
„ „ Pelvis ..	2	Retro-Peritoneal Sarcoma ..	1
„ „ Peritoneum	1	Rodent Ulcer .. ..	7
„ „ Prostate ..	4	Squamous Epithelioma ..	2
„ „ Rectum ..	11		
„ „ Stomach	11		145

## X. Miscellaneous.

Abscess of Breast .. ..	7	Phlebitis .. ..	1
„ Buttock .. ..	3	Phlebitis, Thrombo- .. ..	6
„ Chin .. ..	1	„ Thrombo Migrans ..	4
„ Epicondylar Gland ..	1	Pulp infection of Thumb ..	1
„ Face .. ..	2	Punctured Wound of Foot ..	1
„ Groin .. ..	5	Scalp Wound .. ..	1
„ Leg .. ..	5	Septic Abrasion of Leg ..	1
„ Neck .. ..	5	„ Arm .. ..	1
„ Nose .. ..	1	„ Blisters of Leg ..	1
Bleeding from Tooth Socket ..	1	„ Bunion .. ..	1
Burns and Scalds .. ..	9	„ Finger .. ..	2
Carbuncle .. ..	5	„ Foot .. ..	4
Cellulitis .. ..	14	„ Leg .. ..	4
Cut Throat .. ..	1	„ Pulpitis .. ..	1
Cut Wrist (Suicidal) .. ..	1	„ Toe .. ..	1
Contusion .. ..	4	Suppurative Haematoma ..	1
Femoral Veins .. ..	1	Tuberculous Adēnitis Axillae ..	1
Foreign Body in Arm .. ..	1	Ulcers .. ..	12
Gangrene of Foot and Leg ..	5	Varicose Ulcers .. ..	10
Haematoma of Elbow .. ..	1	„ Veins .. ..	5
„ Scalp .. ..	1		
Incised Knee .. ..	1		137
Lymphangitis .. ..	3		

## CAUSES OF DEATH.

January 1st to December 31st, 1937.

### I. General Infections.

Diphtheria .. .. .	1	Septicaemia .. .. .	1
Erysipelas .. .. .	2	Septicaemia, Staphylococcic ..	3
Erysipelas, Phlegmonous ..	1		<hr/>
Miliary Tuberculosis .. ..	3		12
Rheumatism, Acute .. .. .	1		<hr/>

### II. Respiratory System.

Asphyxia Neonatorum .. .. .	2	Pneumonia, Hypostatic .. ..	4
Atelectasis of Lung .. .. .	1	„ Influenzal .. .. .	34
Broncheictasis .. .. .	1	„ Lobar .. .. .	27
Bronchitis .. .. .	10	Pulmonary Oedema .. .. .	3
Lung Abscess .. .. .	1	„ Tuberculosis .. .. .	66
New Growth of Lung .. .. .	1	Tuberculous Pleural Effusion	1
Pneumonia, Broncho-.. .. .	34		<hr/>
„ Broncho- (T.B.).. .. .	1		186
			<hr/>

### III. Circulatory System.

Aortic Disease .. .. .	2	Endocarditis, Malignant .. ..	1
„ Incompetence .. .. .	1	Heart Block .. .. .	1
„ Regurgitation .. .. .	2	Hyperpiesia .. .. .	6
Aortitis, Syphilitic .. .. .	1	Hypertension, Malignant .. ..	1
Arterio Sclerosis .. .. .	7	Mitral Stenosis.. .. .	2
Auricular Fibrillation .. ..	20	Myocarditis .. .. .	36
Cardiac Failure .. .. .	11	„ Ac. Gonococcal .. .. .	1
„ Ischaemia .. .. .	1	Myocardial Degeneration .. ..	7
Cardio Vascular Degeneration	3	Neuro-Circulatory Asthenia ..	1
Congestive Heart Failure .. ..	1	Pericarditis .. .. .	1
Coronary Infarction .. .. .	2	Rheumatic Carditis .. .. .	4
„ Sclerosis .. .. .	2	Valvular Disease of the Heart	4
„ Thrombosis .. .. .	3		<hr/>
Endocarditis, Ac. Infect. .. ..	1		122
			<hr/>

### IV. Nervous System.

Amyotrophic Lateral Sclerosis	1	Meningitis, Meningococcal .. ..	1
Carcinoma of the Brain .. ..	1	„ Pneumococcal .. .. .	1
Cerebral Diplegia .. .. .	1	„ Streptococcal .. .. .	2
„ Embolism .. .. .	1	„ Tuberculous .. .. .	4
„ Haemorrhage .. .. .	22	Neuro-syphilis .. .. .	1
„ Softening .. .. .	3	Oedema of Brain .. .. .	1
„ Thrombosis .. .. .	24	Paralysis Agitans .. .. .	3
„ Tumour .. .. .	6	Status Epilepticus .. .. .	1
Convulsions .. .. .	1	Subarachnoid Haemorrhage ..	3
Encephalitis .. .. .	1	Tabes Dorsalis .. .. .	3
General Paralysis of the Insane	1		<hr/>
Meningitis, Diss. Encepho. ..	1		83
			<hr/>

### V. Mental Disorders.

Nil.

### VI. Metabolic and Endocrinal Disorders.

Carcinoma of the Thyroid Gland .. .. .	1	Exophthalmic Goitre .. .. .	1
Diabetes Mellitis .. .. .	7	Thyrotoxicosis .. .. .	1
Diabetic Gangrene .. .. .	2		<hr/>
			12
			<hr/>



## VII. Nutritional and Congenital Defects.

Marasmus .. .. .	3	Spina Bifida .. .. .	2
Prematurity .. .. .	20		
Senile Gangrene .. .. .	1		53
Senility .. .. .	27		

## VIII. Kidney Diseases.

Nephritis .. .. .	6	Ulcerative Colitis .. .. .	1
„ Interstitial .. .. .	1	Uraemia .. .. .	26
„ Pyelo- .. .. .	2		
Pyonephrosis .. .. .	2		38

## IX. Digestive System.

Congenital Pyloric Stenosis .. .. .	1	Sub Acute Yellow Atrophy of Liver .. .. .	1
Gastric Ulcer .. .. .	3		
Gastro-Enteritis .. .. .	9		17
Gastro-Intestinal Catarrh .. .. .	3		

## X. Affections of the Skin.

Nil.

## XI. Diseases of the Blood.

Anaemia .. .. .	1	Leukaemia, Myeloid .. .. .	1
„ Pernicious .. .. .	4	Pink Disease .. .. .	1
Leukaemia, Lymphatic .. .. .	2		
„ Monocytic .. .. .	2		11

## XII. Alimentary System.

Carcinoma of the Colon .. .. .	7	Hernia, Strangulated Femoral Ventral .. .. .	1
„ „ Gall Bladder .. .. .	2	„ „ „ .. .. .	2
„ „ Liver .. .. .	3	Impacted Gall Stones .. .. .	1
„ „ Oesophagus .. .. .	2	Intestinal Obstruction .. .. .	9
„ „ Pancreas .. .. .	1	Peritonitis, Pneumococcic .. .. .	1
„ „ Rectum .. .. .	6	„ Suppurative .. .. .	2
„ „ Sigmoid .. .. .	1	„ Tuberculous .. .. .	2
„ „ Stomach .. .. .	8	Prolapse of Rectum .. .. .	1
Cholecystitis .. .. .	1		
Hernia, Irreducible .. .. .	1		51

## XIII. Urino-Genital System.

Carcinoma of Bladder .. .. .	2	Tertiary Syphilis .. .. .	4
„ Prostate .. .. .	2	Tuberculous Cystitis .. .. .	1
„ Testis .. .. .	1	„ Kidney .. .. .	1
Cystitis .. .. .	1	„ Pyelo-Nephritis .. .. .	1
Enlarged Prostate .. .. .	3		
Epithelioma of Penis .. .. .	1		18
Malignant Testicle .. .. .	1		

## XIV. Affections of Mouth, Ear, Nose and Throat.

Carcinoma of Larynx .. .. .	1	Malignant Parotid Tumour .. .. .	1
„ Mouth .. .. .	1	Mastoiditis, Ac. .. .. .	1
„ Tongue .. .. .	2	Neoplasm Antrum of Highmore .. .. .	1
Epithelioma of Lower Jaw .. .. .	1	Oedema of Glottis .. .. .	1
Laryngitis .. .. .	1		
Harelip .. .. .	1		11

## XV. Affections of the Eye.

Rodent Ulcer .. .. .	2
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## XVI. Affections of Bones and Joints.

Epithelioma of Leg .. ..	1	Osteomyelitis Ac. Pyogenic ..	1
Fractured Base of Skull ..	1	Tuberculous Hip .. ..	1
„ Femur .. ..	6	„ Osteitis .. ..	1
„ Humerus .. ..	1	„ Spine .. ..	4
„ Ribs .. ..	1		—
Fractures, Multiple .. ..	1		19
Osteomyelitis .. ..	1		—

## XVII. Respiratory System (Surgical)

Carcinoma of the Bronchus ..	3	Metastasis in Lungs .. ..	1
„ „ Lungs .. ..	1		—
Empyema .. ..	5		10
			—

## XVIII. Maternity and Gynaecological.

Carcinoma of the Breast ..	6	Malignant Ovarian Cyst ..	2
„ „ Cervix .. ..	6	Puerperal Toxaemia .. ..	1
„ „ Ovary .. ..	1		—
„ „ Uterus .. ..	4		22
Epithelioma of Vulva ..	2		—

## XIX. Miscellaneous.

Burns of Leg .. ..	1	Lympho-sarcoma of Neck ..	1
Carcinoma of Neck Gland ..	1	Thrombo-Phlebitis .. ..	1
Cellulitis .. ..	2		—
Gangrene of Leg .. ..	1		10
Gangrene, Senile .. ..	3		—

## XX. Orthopaedic.

Osteomyelitis, Chronic ..	1	Tuberculosis, Spine .. ..	4
„ „ Ac. Pyogenic ..	1		—
Tuberculous Hip .. ..	1		8
„ „ Osteitis .. ..	1		—

## XXI. Malignant Growths—Summary of.

Carcinoma of Bladder ..	2	Carcinoma of Rectum ..	5
„ Brain .. ..	1	„ Sigmoid .. ..	1
„ Breast .. ..	6	„ Stomach .. ..	8
„ Bronchus .. ..	3	„ Testis .. ..	1
„ Cervix .. ..	6	„ Thyroid Gland ..	1
„ Gall Bladder ..	2	„ Tongue .. ..	2
„ Larynx .. ..	1	„ Uterus .. ..	4
„ Liver .. ..	3	Epithelioma of Leg .. ..	1
„ Lower Jaw .. ..	1	„ „ Vulva .. ..	2
„ Lungs .. ..	2	Lympho-sarcoma of Neck ..	1
„ Mouth .. ..	1	Malignant Ovarian Cyst ..	2
„ Neck Glands ..	1	Neoplasm Antrum of High-	
„ Oesophagus .. ..	2	more .. ..	1
„ Ovaries .. ..	1	Rodent Ulcers .. ..	2
„ Pancreas .. ..	1		—
„ Penis .. ..	1		68
„ Prostate .. ..	3		—

ERNEST C. HADLEY,

Medical Superintendent.





# Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

with Foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In the following pages will be found the report of the Orthopaedic Surgeon on the work of his department during 1937.

The scheme for co-ordination of the work of this department, mentioned in my report for 1936, progressed further in 1937 with the transfer of all in-patient treatment of orthopaedic cases, whether due to tuberculosis or to another cause, to the City General Hospital. This transfer has unfortunately led to some congestion of the orthopaedic wards at the latter hospital, which requires consideration.

Another instance of improved co-ordination has been the attendance of the City General Hospital Senior Orthopaedic Sister at the Thursday clinic at Richmond House. This was started during 1937. The Sister's experience of these patients during their in-patient treatment makes her attendance during their treatment as out-patients all the more valuable.

Early in 1938, it was decided to alter the method of administration of the splint department at the City General Hospital. After considerable enquiry, it was decided that it was a wasteful policy to employ a full staff to make all the splints, etc., required by the department. A better method is to buy the necessary appliances from firms who cater specially for this need and only to keep one man on who could do any necessary alterations and running repairs. The department has, therefore, been closed except for minor work. This should lead to considerable economy.

The work carried out by this department perhaps relates to only a small portion of the population. But it is a very needy portion and one to which the modern science of orthopaedics brings new life and usefulness. The excellence of the work is shown by the straightened limbs, and the happier faces of the patients.

# Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

## Orthopaedics.

The city Health and Education Authorities, working in co-operation with the Royal Infirmary, provide a complete orthopaedic service for the City of Leicester. There are facilities for the treatment and care of every cripple without restriction.

The Health and Education service consists of :—

1. A central clinic at Richmond House.
2. The orthopaedic department at the City General Hospital.

**The Orthopaedic Clinic** is under the control of the Education Committee working in full co-operation with the Health Committee.

Cases are referred to the clinic from the following sources :—

1. Maternity and Child Welfare Centres.
2. School Medical Service.
3. Tuberculosis Officer.
4. From the City General Hospital—orthopaedic cases on discharge from the wards.
5. County Health and Education Authorities.

Treatment provided at the Clinic :—

1. General supervision and consultations.
2. Massage and electro-therapeutics.
3. Remedial exercises.
4. In-patient and out-patient operations for short stay cases.



**Records.** The central filing system of the orthopaedic records and X-rays is established at the clinic.

The clinics held are :—

Weekly : Thursdays, 9.45—Main consultations.

Mondays, 2.0—Postural defects.

Maternity and Child Welfare.

Saturdays, 10.0—Operations.

Monthly : Every 3rd Thursday, 2.0—Adult orthopaedic and surgical tuberculosis.

On the Thursday afternoons also is held a special clinic for cases of club foot under the care of the Orthopaedic Sister from the City General Hospital.

**Staff** consists of :—

Orthopaedic Surgeon, assisted by an Assistant School Medical Officer.

Two Nurse Masseuses.

Record Clerk.

The following is a summary of the work done in this department (from the report to the Education Committee) :—

						Orthopaedic.	Postural.
New Cases	..	..	..	..	..	383	126
Old Cases	..	..	..	..	..	578	164
Secondary Examinations	..	..	..	..	..	1,273	226
Treatments	..	..	..	..	..	3,313	4,827
Operations	..	..	..	..	..	76	—

### **The City General Hospital, Orthopaedic Department.**

During 1932-33, two wards were reconstructed and verandah accommodation provided for the treatment of orthopaedic cases.

Ward 9 accommodates women and children, and adjoining is the operating theatre, anaesthetic and surgeon's rooms.

Ward 5 accommodates men and boys, and adjoining is the massage department and a room for the teaching staff.

All the children receive open-air treatment and education during their stay in hospital.

**Workshop.** An instrument and appliance service is established at the hospital, staffed by an instrument-maker, leather worker and metal worker. The work of this department has been maintained at a high and efficient standard. Recently, the staff of the department has been reduced, and there is now employed one man only.

### **Source of the Cases.**

1. From the central clinic.
2. From practitioners in the City, on the advice of the Orthopaedic Surgeon.
3. From the general wards of the hospital.

**Treatment.** All forms of orthopaedic treatment, including surgical tuberculosis.

**Surgical Tuberculosis.** In the case of spinal disease use is made of plaster beds made in the department.

In the case of hip disease, suspension by the Carshalton method, followed by plaster is used.

In the case of knee disease, the Thomas splint is used.

In adult cases, satisfactory results from stabilisation of the spine, extra articular graft of the hip, excision of the diseased area and arthrodesis of the sacro-iliac joint, and excision of the knee, are obtained.

**Orthopaedics.** In Perthe's diseases of the hip improved results have been obtained from suspension treatment by the Carshalton method. During the year an important part of the work has been the treatment of acute and chronic osteomyelitis, an invaluable service both to the patient and the community.

**Follow-up.** This is carried out at the central clinic.

**Staff.** The staff consists of :—

Orthopaedic Surgeon, assisted by a Resident Medical Officer.

A senior Orthopaedic Sister, assisted by an Orthopaedic Sister and a general trained Sister.

The staff of the hospital.

A part-time masseuse.

An outline of the work carried out in the department is given below :—

**Cases in wards, 1st January, 1937 :—**

Tuberculosis	..	..	..	..	..	41
Orthopaedic	..	..	..	..	..	15

**Cases admitted during the year :—**

**(i) Tuberculosis :**

Hip	..	..	..	..	..	11
Knee	..	..	..	..	..	13
Spine	..	..	..	..	..	13
Sacro-iliac	..	..	..	..	..	3
Elbow	..	..	..	..	..	2
Foot	..	..	..	..	..	2
						— 44

**(ii) Orthopaedic :**

**(a) Congenital Defects :—**

Congenital dislocation, hip	..	..	..	..	..	2
Syndactyly	..	..	..	..	..	1
Congenital talipes	..	..	..	..	..	2
						— 5

**(b) Infective :**

Infantile Paralysis : acute	..	..	..	..	..	1
chronic	..	..	..	..	..	9
Arthritis	..	..	..	..	..	7
Osteochondritis	..	..	..	..	..	6
Osteomyelitis	..	..	..	..	..	10
						— 33

**(c) Injuries :**

Fractures	..	..	..	..	..	5
Cartilage knee	..	..	..	..	..	7
Volkman's contraction	..	..	..	..	..	1
						— 13

**(d) Nervous diseases :**

Spastic paralysis	..	..	..	..	..	2
						— 2

**(e) Nutritional Defects :**

Rickets	..	..	..	..	..	2
						— 2

**(f) Various :**

Hallux valgus	..	..	..	..	..	2
Hallux rigidus	..	..	..	..	..	2
Pes cavus	..	..	..	..	..	1
Bursitis	..	..	..	..	..	2
Various	..	..	..	..	..	2
						— 9

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## **Isolation Hospital and Sanatorium, Groby Road.**

During the year, Ward 9, which had been started and used for the treatment of surgical tuberculosis since 1925, was taken over for the treatment of the general cases in the hospital. The cases were transferred to the City General Hospital and the out-patients to the clinic.

This was the first and for many years the most important orthopaedic unit in the City, and it is with regret that the important work carried out in this ward has ceased. Surgical tuberculosis is not a local disease but a part of the whole infection by the tubercle bacillus, and it is with regret that its treatment is now dissociated from the work carried out in the main hospital for tuberculosis in the City.

Since the transfer of the cases to the City General Hospital there has been congestion in the orthopaedic wards there, and it is advisable that increased accommodation of eight beds be allowed in the present wards until other accommodation is available.



**Report on**  
**Maternity and Child Welfare**  
for the year 1937.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,  
Maternity and Child Welfare Medical Officer.

With foreword by the Medical Officer of Health.



## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

The year 1937 was an outstanding one in the history of the Maternity and Child Welfare Service of Leicester, in that several very important advances were made. In the following notes, I draw attention to some of the more important, but would direct the attention of the reader to Dr. Humphreys' report for full details of these and other matters.

1. The scheme for reorganisation of the medical staffing of the clinics adumbrated in my reports for 1935 and 1936 was brought into operation on the 1st November, 1937, and should prove of the greatest value. During the year there has been a marked increase in the number of clinics held, and in the numbers attending the clinics. (See page 164).

2. Previous criticism as to the inadequacy of the antenatal clinic service has been allayed somewhat by the establishment of four additional weekly clinics in parts of the City more accessible to those who wish to use them. These clinics have immediately shown their value in the increased number of patients who have availed themselves of this service. (See page 168).

3. A new infant welfare clinic has been established at Old Aylestone, and improved premises at Gedding Road have replaced those at Coleman Road.

Many of the premises still used as clinics are, however, very unsatisfactory. Reference is made in the report to a scheme for improved facilities in this respect. (See page 165).

4. A toddlers' clinic, the first special toddlers' clinic for the City, has been established at Highcross Street. (See page 162).

Toddlers, of course, are often seen at the ordinary infant welfare centres but special clinics are more suitable for them and the establishment of this clinic at Highcross Street is a step in the right direction, a step towards bridging the important gap between the infant and the school child.

5. On the 1st July, 1937, the Midwives' Act, 1936, came into operation in Leicester. Full details will be found in this report and in my report for 1936, p. 170. Again, it may be said that this Act, while not expected to cure all the evils of maternal morbidity and mortality, will prove a step, and a substantial one, in the right direction, Unskilled midwifery should become a matter of history only.

Other matters which require special comment are :—

6. The establishment of an emergency maternity service (see page 175).

7. An important report has been prepared on the provision of maternity beds in the City, with special reference to the future of Westcotes Maternity Home (see page 176).

8. The new Rules of the Central Midwives' Board have required reconsideration of the scheme for the training of pupil-midwives in the City. Whereas at present there are three separate training schools, it is proposed in the future to amalgamate these three schools into one under the aegis of the University College.

9. The medical control of the patients at Westcotes Maternity Home has been strengthened by the appointment of Dr. Allen on a salaried basis, with greater responsibility (see page 184).

10. A matter of the greatest importance is the nutrition of mothers and their young children. More and more of late years has emphasis been laid on the fundamental character of this problem. If the new generation is to be healthy, it must be well fed in its early years.

Every scientific report issued on this subject stresses the importance of good nourishment for expectant and nursing mothers and young children.

The value of good safe milk cannot be over emphasised.

Realising this, the Committee adopted a new income scale during 1937, so that no one who really needed help should go without, and further increased the allowance of milk to that recommended by the Advisory Committee of the Ministry of Health. Where it is recommended on medical grounds, an expectant or nursing mother can now obtain up to two pints of milk a day, and a child one to two pints a day.

As a result, of course, the cost of subsidising this service has gone up, but the benefit must be incalculable. It is hoped soon that the scheme of specially cheap milk now available to school children may become available to mothers and young children.

11. Comments on the vital statistics will be found at the commencement of my report (see page 3).

The statement at the beginning of these remarks, that the year 1937 was an outstanding one will now be realised, after perusal of the above comments.

The service is of fundamental importance to the future of the City, and it is being placed on a firmer foundation.





# Report on Maternity and Child Welfare for the year 1937.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,  
Maternity and Child Welfare Medical Officer.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act, 1918) consists in Leicester of the full Health Committee, together with three co-opted lady members.

Actually, the work is carried out by a Sub-Committee of five members of the Health Committee, together with the three co-opted members, which meets each month. During the year Mrs. A. Cooper, who had been a co-opted member of the Committee for many years, resigned owing to failing health.

## Health Visitors.

The present staff comprises nineteen District Health Visitors, together with a Superintendent Health Visitor, and their names and qualifications are set out on page vi.

The following is a statistical report of the work done by the Health Visitors during 1937 :—

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	3,606	(3,618)
„ „ revisits to children under one year old ..	17,602	(20,213)
„ „ visits to children one to five years old ..	20,936	(22,304)
„ „ visits to cases of Ophthalmia Neonatorum	60	(31)
„ „ first visits to ante-natal cases .. ..	496	(447)
„ „ other visits to ante-natal cases .. ..	150	(384)
„ „ visits to children under Infant Life Protection Act .. .. .	815	(964)
„ „ other visits (no access) .. .. .	6,188	(7,531)
„ „ „ „ (not classified) .. .. .	889	(1,151)
Totals .. .. .	50,742	(56,643)

#### Attendances at Schools for Mothers and Infant

Welfare Centres	..	..	..	..	1,869	(1,683)
Attendances at Ante-Natal Clinics	..	..			674	(291)
Attendances at Birth Control Clinic	..	..			82	(92)

The home visiting is still regarded as the most important duty of a health visitor but owing to the increasing demands of other branches of the work, mainly attendances at new infant welfare centres and new ante-natal clinics, there was a falling off in the amount of home visiting during the year. Actually the total number of home visits paid was 5,901 less than the previous year, 2,623 less to children under 1 year old, and 1,368 less to children one to five years old. Against this, the number of clinic sessions attended by health visitors was 559 more than the previous year—186 more Infant Welfare Centre attendances and 383 more Ante-Natal Clinic attendances (but 10 less Birth Control Clinic attendances). While the staffing of the clinics is an essential part of the work, it is undesirable that the home visiting should fall into arrears, and the appointment of two additional health visitors was sanctioned during the year, to meet the general increase in the work.

These Health Visitors are to commence their duties on April 1st, 1938.

Owing to transferable births and neo-natal deaths, it is not possible accurately to compare the number of first visits to children under one year with the number of births registered in the city. A total of 3,606 visits, when compared with 3,807 corrected births, from which should be deducted 102 deaths in infants under two weeks may be considered as satisfactory.

#### Local Government Act, 1929.

The two sections of this Act which concerned the Maternity and Child Welfare Department were (1) the care of destitute children and (2) the supervision of children who were nursed for gain (Infant Life Protection).

Up to the present the Maternity and Child Welfare Sub-Committee has not taken over from the Public Assistance Authority the care of the destitute children under five years of age.

As regards the working of the Infant Life Protection Section of the Children Act, 1908, this was transferred to the Public Health Authority, and each Health Visitor is now the appointed inspector of young children who are nursed out for gain.

The amendments as to the type of children to be registered and the methods of supervision which came into force following the alteration of the law in 1932 and which are detailed in earlier reports, continue to work satisfactorily.

During the year 815 visits were paid to children in the care of persons who receive them for reward. Registration was refused by the Committee on the report of the visitors in five cases, but legal proceedings were not necessary ; the unsatisfactory conditions were not grossly bad and suitable alternative accommodation was found for the children concerned.

A high standard is insisted upon for all women recommended for registration, and it is the practice for a health visitor to arrange for the immediate transfer of a child as soon as it is found to be in unsatisfactory surroundings.

At the end of the year, there were 70 persons and 72 children on the Infant Life Protection Register.

### Ophthalmia Neonatorum.

The following details show the incidence and results of treatment of this disease of the new-born during 1937 :—

#### OPHTHALMIA NEONATORUM, 1937.

Cases notified during year	..	..	..	..	..	28
Visited by Health Visitors	..	..	..	..	..	28
Removed to hospitals	..	..	..	..	..	4
Result of Treatment :—						
Vision unimpaired	..	..	..	..	..	25
„ impaired	..	..	..	..	..	—
„ lost	..	..	..	..	..	—
Still under treatment at end of year			..	..		1
Patients died (from other causes)	..		..	..		2
						—
Total	..	..	..	..		28
						—

Most of the cases were of a very mild nature and responded to domiciliary treatment within a few days.

### Assistance in Necessitous Cases.

A special sub-committee of which Mrs. Councillor Simpson is now Chairman in place of Mrs. Cooper (resigned) meets twice a month to consider applications for help in necessitous cases of mothers or children under 5 years of age. Every application has to be made in writing on a special form, which includes a full statement of all sources of incomes, together with particulars as to rent, number of dependent children, etc. The Health Visitor appends a report on each case.

A medical certificate is also required concerning the health of the person for whom help is sought. This is usually supplied at a Maternity and Child Welfare Centre, but a certificate from a private practitioner



is accepted in cases which cannot attend a centre. During the year an income scale was adopted by the Maternity and Child Welfare Sub-Committee, the application of which makes for equality in connection with all grants made by this Committee.

The amount and variety of assistance granted may be seen from the following figures :—

(The corresponding figures for the previous year are shown in brackets).

Number of new cases granted milk .. ..	504	(396)
Number of old cases granted milk .. ..	1520	(1139)
Number of gallons of milk granted free ..	7617	(5764)
Number of cases granted dried milk free ..	142	(103)
Number of cases admitted to the Day Nursery at reduced rate .. .. .	27	(34)
Number of cases admitted to the Maternity Home at reduced rate .. .. .	2	(3)
Number of cases in which doctors' fees were remitted .. .. .	48	(62)
Number of cases in which total fees for midwives were allowed .. .. .	21	(18)
Number of cases in which part fees for midwives were allowed .. .. .	3	(3)
Number of cases in which dental fees were remitted .. .. .	12	(15)
Number of home helps supplied .. ..	—	(1)
Number of cases in which no action was taken	22	(29)

### Schools for Mothers and Infant Welfare Centres.

There were no new Centres as such opened during the year under review, but the need for a Centre to serve the mothers in the Aylestone district was considered, and a new Centre was opened early in 1938 at the Parish Hall, Old Aylestone. This has relieved the congestion at a neighbouring clinic and obviated a laborious journey for some of the mothers.

**Highcross Street Centre.**—The desirability of instituting a toddlers' clinic had long been considered in connection with this Centre, and such a clinic was established at the end of 1937. It affords opportunity for systematic and periodic examination of children between the ages of 1—5 years, and also leaves the mother more free at the infant welfare centre to attend to the needs of the infant. An average attendance of 19 children at the 8 sessions held in 1937 justifies the establishment of this new clinic.

**Humberstone Village Centre.** The attendances at this Centre had been increasing during the last two years and it was therefore found necessary to have a weekly instead of a fortnightly session as hitherto. The attendances at the weekly sessions have proved the need for this addition.

**Coleman Road Centre.**—The premises at Coleman Road have been unsatisfactory for several years and arrangements were made during the year to transfer to more commodious premises in Gedding Road, where this Centre will be held each Friday afternoon.

There are now 21 Centres in Leicester, with 25 medical weekly sessions at which mothers may attend and bring their children under 5 years of age. Two Centres, Highcross Street and 18, King Street (Milk Depot) are open daily and each has two medical sessions a week.

The following is a detailed list of the Centres.

Name.	President.	Day of Meeting.
Western Road .. ..	Mrs. Beale	Monday
Curzon Street .. ..	Mrs. Frears	„
Clipstone Street .. ..	Mrs. Beech	„
Braunstone .. ..	Mrs. Mould	„
Aylestone Village .. ..	Miss Rogers	„
Highcross Street Toddlers ..	—	„
Southfields Drive .. ..	Mrs. Scott	„
18, King Street .. ..	—	„ (morning)
Bedford Street .. ..	Mrs. Macdonald	Tuesday
Wesley Hall .. ..	Mrs. Furnish	„
Aylestone Road .. ..	Miss Windley	„
Cavendish Road .. ..	Mrs. Johnson	„
Fosse Road South .. ..	—	„
18, King Street .. ..	—	„
Uppingham Road .. ..	Mrs. Judge	Wednesday and Friday
Kelland College .. ..	Mrs. Goodger	Wednesday
Justice Street .. ..	Mrs. Bouskell and Miss West	„
Humberstone .. ..	Mrs. Wheatley	„
Belgrave Hall .. ..	Mrs. Mantle	Thursday and Friday.
Clarendon Park .. ..	Mrs. Roberts	Thursday
Highcross Street .. ..	Mrs. Viccars	„
Evington .. ..	Mrs. Richardson	Alternate Thursdays
Gedding Road .. ..	Mrs. Herbert	Friday

A doctor is in attendance at each session to give free medical advice to the mother about her child and herself in relation to the child.



When any treatment is considered necessary, the mother is advised as to where she should obtain it.

All children are medically examined on their first visit and thereafter as the health visitor considers necessary. In addition, mothers are urged to bring their children for a medical examination as soon as possible after each birthday until they go to school.

**Medical Staff.**—As outlined in the last Annual Report, it was decided to re-organise the medical staffing of the infant welfare centres which had been undertaken by part time medical practitioners. Three additional full-time assistant medical officers were appointed and by co-ordination with the School Medical Service, they and other members of the School Medical Service are now available for Child Welfare work as well as for School Medical Inspection.

The scheme came into operation on 1st November, 1937, and is working well. It ensures a regular attendance for not less than 2 hours per session and also makes for uniformity in the medical work at the centre, as well as continuity of the work of the Child Welfare and School Medical Departments.

In addition to members of the school medical service staff, the Assistant Tuberculosis Officer and a member of the medical staff of the City Isolation Hospital also attend at some of the Centres each week.

Two health visitors are usually attached to each Centre and in addition to the routine work, maintain a series of fortnightly talks on all aspects of the work of mothercraft and child welfare.

The following numerical details for 1937 are some indication of the amount of work which is undertaken at the Centres :—

(Corresponding figures for the previous year in brackets).

Number of Sessions held ..	1,074	(888)		
Total attendances of Mothers	70,665	(54,895)		
Total attendances of Children—				
Under one year old ..	43,268	} 76,456	(34,836)	} (62,584)
Over one year old ..	33,188		(27,748)	
First visits of Children—				
Under one year old ..	3,007	} 3,978	(2,653)	} (3,822)
Over one year old ..	971		(1,169)	
Number of Children attending—				
Under one year old ..	2,619	} 7,272	(2,246)	} (6,875)
Over one year old ..	4,653		(4,629)	
Number of Sessions at which a doctor was present ..	1,073			(887)
Number of children seen by a doctor .. .. .	20,480			(16,923)



It will be seen that there is a marked increase in all sections of the work.

The total **attendances** of mothers had increased by 15,770, the attendances of infants by 8,432 and of children over one year old by 5,440.

Concerning those children paying their first visit to a Centre, 3,007 were children under one year, an increase of 354 as compared with the previous year. This figure may be a little greater than the actual number of children concerned as it is known that certain children may attend more than one Centre in the course of a year. But even allowing for this discrepancy, a total of 3,007 out of 3,807 corrected births during 1937, i.e., 79 per cent. of the births, may be regarded as satisfactory.

There was a decrease of 198 in the number of children over one year old attending for the first time, and this may be regarded as satisfactory if taken as an indication that it has become more customary for children to be taken to a centre during the first year of life, though the possible effect of the opening of nursery classes must be kept in mind.

The total number of children attending, i.e., the number of children on the register at the end of the year was 7,272 and also shows an increase. There were 373 more such children under one year and 24 such children over one year old, a total of 397 more children remaining on the registers, than in 1936. These figures are also satisfactory when considered as an indication of the continued attendance at an Infant Welfare Centre.

The actual number of medical sessions was 1,073, an increase of 186 during the year. This is explained by the new sessions established during the year to which reference has previously been made. At these medical sessions, 20,480 children were seen by the doctor, an increase of 3,557. This increase is very gratifying following persistent efforts, even with the part-time medical officers, to establish a more regular and lengthy period of medical consultation during each session. With the establishment of a full time medical service it is anticipated that this increase will be maintained.

It must be repeated that some of the increase in the work at the Infant Welfare Centres has been achieved at the expense of home visiting but, as mentioned elsewhere, it is hoped the appointment of additional health visitors will rectify this.

**Clinic Premises.**—The question of premises has been a matter of concern for several years and with the increase in the work, the

inadequacy of most of the rooms now rented, chiefly in chapels or churches, is becoming aggravated. In no instance are the present premises wholly satisfactory and many of them are a definite hindrance to the work. A sufficient number of ventilated, well-lighted rooms suitable for general assembly, weighing of children, medical consultation, accommodation of toddlers and quiet teaching of mothercraft, reasonable lavatory and washing facilities, accommodation for perambulators—all are an essential to the work and could be provided in a modest building specially erected for the purpose. It is a contradiction to teach the laws of health in some of the premises now in use each week. Further, health visitors spend much valuable time each week in setting out and storing away the equipment, etc., for the Centre. No property can be left about with safety in premises which are hired only for single sessions.

The question of premises needs to be considered at an early date if the work is to be maintained and extended. Together with premises must be considered the situation of the centres throughout the city. Slum Clearance has brought about a re-distribution of certain sections of the population and makes re-organisation of the sites essential.

A scheme for the building of clinic premises to be used jointly by the Maternity and Child Welfare Department and the School Medical Service Department has been prepared. To those of us actively engaged in the clinical work at the various centres, the need for “better housing” for our work is becoming urgent and it is hoped that some such scheme as is now being considered by the various Committees concerned will materialise at an early date.

There are two Infant Welfare Centres which are open daily in premises permanently rented by the Corporation, viz., 18, King Street and 119, Highcross Street.

**1. The Infants’ Milk Depot (18, King Street),** was established elsewhere 32 years ago, primarily for the distribution of dried milk to combat epidemic infantile diarrhoea.

Mrs. Stanion continues as Manageress and there are two assistants for the routine work in connection with the sale of dried milk and other foodstuffs, and the distribution of supplies to the various Infant Welfare Centres.

Two infant consultation clinics, an ante-natal clinic and a birth control clinic are held on the premises each week.

The depot is open throughout the day and mothers may attend at any time to have their infants weighed and to receive advice from Mrs. Stanion.



The present premises have been occupied as a temporary measure since 1931. They have the merit of being near the centre of the city, otherwise they are unsuitable for the work of Maternity and Child Welfare and it is hoped that the work will be transferred to more convenient premises in the near future.

The details of the work expressed numerically are as follow :—

			1937	1936
Number of children weighed	..	..	4,615	5,047
Attendances for advice only	..	..	1,756	2,443
Number of new cases ..	..	..	306	367
Number of Test Feeds carried out	..	..	244	223
Number of Infant Clinics held (Monday)	..		48	48
Average attendance at Clinic	..	..	20	19

It will be seen that there is a general decrease in the number of attendances, new cases, etc. This is accounted for partly by the fact that the population in the neighbourhood is being displaced ; further, mothers have been deliberately discouraged from coming long distances to the Depot, and have been urged to attend a centre nearer to their homes. This is more convenient to the mothers and also is better for the health visitors who undertake the home visiting of these children.

**2. Highcross Street Consultation Centre.**—These premises comprise a three-storey house of eight rooms ; five of which are actually in use for Maternity and Child Welfare work. Two health visitors share the work of the Centre and the home visiting to children under five years of age in the surrounding district. One or other health visitor is in attendance throughout the day to advise mothers and to weigh the children. Dried milk is also supplied from the Centre. Test feeds are carried out for cases belonging to the district and also for those mothers referred from other districts by the Health Visitors. An infant consultation clinic and an ante-natal clinic are held each week on the premises. In addition, as mentioned on page 162, a toddlers' clinic was established during the year and the weekly sessions are being well attended.

**Toddlers' Clinic, 1937**

(First session, 1st November, 1937).

Number of sessions	..	..	..	..	..	8
Attendance of Children 1—5 years	..	..	..	..	..	153
„ Mothers	..	..	..	..	..	145
Medical consultations	..	..	..	..	..	120
Average number of consultations per session				..	..	19



The details of the work, expressed numerically, are as follow :—

	1937	1936
Number of New Cases .. .. .	172	264
Attendances of Children under one year old	2,550	3,054
Attendances of Children 1 to 5 years old ..	1,116	1,025
Advice to Mothers .. .. .	201	131
Attendances for Dried Milk, etc. .. ..	1,049	876
Number of Test Feeds carried out .. ..	205	302
Number of Clinics held .. .. .	52	51
Number of attendances by Mothers ..	1,995	2,132
Number of Medical Consultations at Clinic	1,336	1,415

It will be seen that the increase in the work, noted in 1936, has not been maintained during the year. Actually the number of new cases has been decreasing during the last few years, and it was not anticipated that the increase of the previous year would be maintained. Many of the mothers re-housed on a slum-clearance estate, attended this centre temporarily, but are now using a centre nearer to the estate. Also, mothers who had attended from long distances were advised to go to a centre nearer to their home. The number of mothers actually remaining in the vicinity of the Centre is diminishing each month in view of slum clearance, and the proportion of infants in the present population is much smaller than when the Centre was opened by pioneer voluntary workers more than 20 years ago.

The premises are no longer adequate for the work of Maternity and Child Welfare and the situation is not central for the district now served. It is hoped that the work may be transferred to a new joint clinic, with facilities more in keeping with the progress of the work since the foundation of the Centre in a district which at that time had an unenviably high infant death rate.

### Ante-Natal Clinics.

During the year under review, four new ante-natal clinics were opened in the outer areas of the City. There are now six Municipal district clinics for expectant mothers (in addition to two weekly sessions held at the Municipal Maternity Home, Westcotes Drive and three weekly sessions at the Voluntary Maternity Hospital, Causeway Lane) viz :

Braunstone Methodist Church Rooms	Monday,	2.30 p.m.
18, King Street .. .. .	Tuesday,	9.30 a.m.
119, Highcross Street .. ..	Wednesday,	9.30 a.m.
Wescotes Maternity Home ..	„	9.30 a.m.
„ .. .. .	Thursday,	2.30 p.m.
Belgrave Hall .. .. .	Friday,	9.30 a.m.
Uppingham Road .. .. .	„	9.30 a.m.
Marriott Road School Clinic ..	„	2.30 p.m.

The number of ante-natal sessions held and the attendances during 1937 were as follow :—

(Corresponding figures for the previous year in brackets.)

		Number of Sessions.	Attendances :		Totals.
			First Visits.	Revisits.	
Braunstone...	..	35	136	347	483
18, King Street	..	47 (50)	206 (222)	491 (472)	697 (694)
119, Highcross Street	..	49 (53)	180 (167)	459 (411)	639 (578)
Municipal Maternity Home		102 (100)	336 (391)	1153 (1530)	1489 (1921)
Belgrave Hall	..	47	167	337	504
Uppingham Road	..	47	133	363	496
Marriott Road	..	28	96	177	273
Leicester and Leicestershire					
Maternity Hospital	..	154 (156)	1101 (1044)	4849 (4605)	5950 (5649)
Totals	..	509 (359)	2355 (1824)	8176 (7018)	10531 (8842)

The following are particulars concerning the source of the new patients who attended the district clinics :—

Clinic.	Referred by								Totals.
	Health Visitors.	Midwives.	Doctors.	Ex-patients or friends.	City General Hospital.	Social Service Workers.	Other Clinics.	Came of own accord.	
Braunstone ..	29	81	3	5	1	—	6	11	136
18, King Street ..	35	71	27	17	16	—	4	46	216
119, Highcross Street	45	42	7	26	18	4	—	38	180
Belgrave Hall ..	18	121	4	6	4	—	3	11	167
Uppingham Road ..	29	54	2	8	3	—	21	16	133
Marriott Road ..	26	63	—	1	1	—	1	4	96

The figures for the whole city show that 2,355 new cases—52% of the total births notified in the city—attended an ante-natal clinic as compared with 43% for the previous year. This is an increase of 531 patients and is accounted for largely by the opening of four ante-natal clinics in the outer districts of the city. A proportion of expectant mothers engage their own doctors for the confinement and therefore do not attend an ante-natal clinic. Further the large amount of female labour in the city has a definite effect on the attendance of expectant mothers at clinics, so that a percentage of 52 as compared with 49 for the country as a whole (in 1936) may be considered fairly satisfactory.



## Post-Natal Clinics.

Under the new regulations of the Central Midwives' Board regarding the training of pupil midwives, it is necessary to establish a post-natal clinic in connection with any institution approved as a training school. The necessary post-natal clinic for the Municipal Maternity Home will, therefore, be established early in 1938, but it will be limited to those women who have been confined at the Home.

The establishment of routine post-natal clinics has been deferred until a decision has been reached as to arrangements for a post-natal consultative clinic. In the meantime, women known to require post-natal treatment can be referred to the City General Hospital. It is hoped that routine examination in the post-natal period will be available to all women in the near future.

## Treatment at the School Clinics.

Arrangements whereby children under five years of age may be referred from the Maternity and Child Welfare Centres for treatment at the School Clinics, as detailed in earlier reports, have continued during the year. A medical report on each case is now received from the School Medical Officer as to the treatment recommended and/or carried out. This scheme works very satisfactorily.

Details as to cases treated are given below.

**Dental Clinic.** One of the School Dental Surgeons sets aside two afternoons of each week for the treatment of mothers and of children under five years of age. When, from time to time, this provision does not prove adequate for the number of cases referred for treatment, an additional weekly session is held.

Details of the work done during the year are set out below :—

(The corresponding totals for the previous year are shown in brackets.)

				Children		Total.	
				under 5 yrs.	Adults.		
Number of Cases treated	..	..		255	184	439	(329)
Number of Attendances	..	..		360	591	951	(767)
Extractions—Permanent Teeth	..			—	1312	1312	(920)
Temporary Teeth	..			476	—	476	(364)
Anaesthetics—Local	..	..	..	247	192	439	(384)
Gas	..	..	..	6	34	40	(12)
Fillings—Permanent Teeth	..			—	17	17	} (107)
Temporary Teeth	..			127	—	127	
Scalings	..	..	..	—	32	32	(22)
Dentures	..	..	..	—	80	80	(103)
Silver Nitrate Treatment	..	..		19	—	19	(—)
Prosthetic Dressings, &c.	..	..		4	205	209	(288)
Repairs, &c.	..	..	..	—	5	5	(8)
Consultations	..	..	..	—	93	93	(45)
Number of Sessions held	..	..				116	(89)
Number of Cases under treatment on 31.12.37						87	(48)



The following extracts concerning the treatment of children under five years of age are taken from the report for 1937 of the school Medical Officer :—

**Artificial Sunlight.**

The total number of infants who finished their treatment in 1937 was 114. Most of the infants received two courses but some required longer treatment.

The following are the details :—

	Good results.	Fair or un-changed.	Boys.	Girls.	Breast Fed.	Bottle Fed.	Total.
Rickets ..	51	6	29	28	27	30	57
Debility ..	32	9	19	22	18	23	41
Malnutrition ..	5	4	6	3	3	6	9
Various ..	6	1	5	2	3	4	7
Totals ..	94	20	59	55	51	63	114

Practically all cases of rickets gave excellent results, and the same remark applies to the cases of debility. It should be noticed that in both these groups nearly half the infants were breast fed. This must be ascribed largely to the fact that so many women are in employment in the various industries of the city so that breast feeding tends to be supplemented by artificial feeds. Among other cases treated were 2 cases of cervical adenitis, 3 cases of nervous debility, 1 case of T.B. Abdomen and 1 of anaemia. Practically all of these reacted favourably.

In the case of infants, 12 were examined but failed to attend for any treatment. Another 9 cases were examined but were considered unsuitable. Besides these, 55 infants started treatment but discontinued after a week or two. None of these are included in the report.

**Orthopaedic Clinic.**

There were 168 children under five years of age admitted to the clinic as new cases as compared with 178 in the previous year. Many were referred for diagnosis and advice concerning some deformity, often slight, but of real concern to the parent. In 95 cases no treatment was recommended, in 11 cases the treatment advised was remedial

while instruments or appliances were advised for 21 patients. For the remaining 41 cases in-patient treatment was advised.

In addition there were 189 old patients treated at the clinic during the year.

### Other Clinics.

There were 188 children under 5 years of age admitted to the ear, nose and throat clinic, 82 (including 13 old cases) to the eyes clinic and 130 to the skins and minor ailments clinic.

### Birth Control Clinic.

The Municipal Birth Control Clinic was opened in March, 1931. A weekly session is held at the clinic premises at 18, King Street, and married women who need the advice on medical grounds are admitted to the Clinic.

By arrangement with the Leicester County Council similar patients from their area are eligible for advice at the city clinic.

The following figures refer to the year 1937 :—

	City.	County.	Total.
Number of patients who sought advice ..	76	18	94
„ accepted for advice ..	73	18	91
„ who were refused advice	3	—	3

Concerning the 91 women accepted for advice, the following are the medical reasons for which the advice was given :—

	City.	County.	Total.
<b>Husband :</b> Active Tuberculosis ..	1	—	1
Mental condition .. ..	1	—	1
<b>Patient :</b> Active Tuberculosis ..	6	3	9
Heart disease .. ..	3	—	3
Kidney disease .. ..	1	2	3
Complications of pregnancy	11	5	16
Complications of labour ..	13	—	13
Gynaecological condition	10	1	11
Debility and anaemia ..	21	6	27
Various other conditions ..	6	1	7
	—	—	—
	73	18	91
	—	—	—

**Cases in which advice was refused.** There were no refusals from the county area as all County cases are referred, in the first instance, to the medical officer of the clinic, by the patient's own doctor.

In this way, women are spared a vain journey from country districts.

Of the three refusals, one was a woman married three years, who did not wish to have children for economic reasons, the second was a married woman who wished to space her second pregnancy, and the third had no desire for a second child.

**Follow-up work.** The necessity for keeping in touch with all women advised has been kept in mind from the inception of the clinic and is accomplished by various methods. It is from this follow-up work that one is able to assess the true value of the work of the clinic. It is recognised that there are women who will not carry out the instructions given, although it is in their own interests to do so.

But the clinic has now been established long enough to enable one to note that in those women who have faithfully carried out the advice for a number of years, there is often a marked improvement in their general health and happiness, due in no small measure to the freedom from the anxiety associated with a pregnancy which would be detrimental to the health of the mother or child. These results more than compensate for the disappointment associated with the delinquents and are a definite encouragement to continue this work which is an integral part of any scheme for maternity and child welfare.

### **Midwives.**

The Maternity and Child Welfare Medical Officer is the Medical Supervisor of Midwives and is assisted in the routine work by one of the full-time Assistant Medical Officers recently appointed.

### **The Municipal Midwifery Scheme.**

Under the provisions of the Midwives Act, 1936, the Municipal Midwifery Scheme was inaugurated in July, 1937. Twenty midwives were appointed for the City with the provision that the number be increased as the work required. An additional midwife has been appointed and started work early in 1938.

The names and qualifications of the Municipal Midwives are set out on page vii.

For the purposes of administration, the City has been divided into 8 areas, a team of midwives being assigned to each, according to the number of births in that district. As far as possible the midwives confine their bookings to the area in which they work, and undertake relief work for other members of the team, but under certain circumstances they may have to assist in other areas. It is estimated that a midwife will be able to undertake 80 midwifery or maternity cases per



annum, though at present some midwives are not working up to this number. Many of them, however, had very small independent practices and some have started to work in new areas, so that time must be allowed for adjustment to take place. Bookings are now increasing in a most satisfactory way, and the necessity for appointing an additional midwife so soon after the establishment of the scheme is an encouraging indication of its popularity.

With a view to improving the standard of care of midwifery cases, which is the chief object of the 1936 Act, Municipal Midwives, wherever possible, pay morning and evening visits to patients for 14 days after the confinement. When it is realised that up to December, 1936, the Central Midwives' Board only required evening visits for about the first three days and morning visits for 10 days, and now has only extended its requirements to morning visits for 14 days, the higher standard of service in the Leicester Municipal Scheme will be appreciated. Municipal Midwives also attend the Ante-Natal Clinics regularly with their patients, and this ensures a closer medical supervision than formerly obtained.

It is recognised that a midwife who is overworked cannot give her best services to the patient, so regular "off duty" is arranged, under the Scheme, which is only foregone if midwifery emergencies arise. Each midwife should have 24 hours off duty each week, one week-end (8.0 p.m. on Friday to 8.0 a.m. on Monday) every four weeks and an additional Sunday every four weeks. The scale of salaries is £170 rising to £200 per annum for State Certified Midwives, or £200 rising to £250 for midwives who are also State Registered Nurses. Uniform, drugs and necessary instruments are provided, together with telephone and travelling allowance.

The charges for the services of a Municipal Midwife are :—

For attendance as a midwife at first confinement	.. ..	45/-
"          "                    "      subsequent confinement	.. ..	40/-
"          "          Maternity nurse	.. .. .	35/-
For attendance at abortion	.. ..	2/6 for each day of attendance

The Maternity and Child Welfare Medical Officer continues as Medical Supervisor of Midwives, while the routine inspection work is undertaken by Dr. Janet Done, recently appointed to the staff for this purpose. She pays periodic visits to each midwife. All midwives, by means of the telephone are in close touch with the Health Department in any case of doubt or difficulty. Meetings of the Medical Supervisor of Midwives and the Municipal Midwives are held from time to time so that any suggestions for the working of the Scheme can be discussed.

Up to the present the Scheme is working well, but as it is only in its infancy, certain changes may become necessary during the next few years.

The following are particulars of the number of cases attended and the number of visits paid during the first six months of the Scheme.

			No. of Cases.	No. of Visits during Puerperium.	Ante-Natal Visits.
July	..	..	59	1229	353
August	..	..	85	2262	402
September	..	..	86	2082	422
October	..	..	77	2226	473
November	..	..	71	2009	632
December	..	..	85	2333	476
Totals	..	..	463	12141	2758

During 1937, six midwives who had been in independent practice retired on compensation under the provisions of the Midwives' Act, 1936.

### Obstetric Consultant.

Concerning a second medical opinion, Memo 156/M.C.W. of the Ministry of Health authorises the services of a consultant, and these are now available, from a panel prepared by the Local Authority, in all cases of difficulty arising ante-natally or during the confinement or lying-in period.

During 1937, a consultant was called in for 30 cases for the following emergencies : Delayed labour 2, Toxaemia of pregnancy 1, Eclampsia 1, Ante partum haemorrhage 1, Uterine prolapse 1, post maturity 1, Difficult labour 8, Obstructed labour 3, Placenta praevia 3, Adherent placenta 2, Pyrexia 5, Post partum complications 1, Cervical laceration 1.

In 9 cases removal to Hospital was advised, the remaining 21 cases were treated at home or in the place where the original illness occurred.

### Emergency Maternity Service.

During the year, a scheme was put into operation which will enable an obstetric consultant to obtain further assistance if necessary, for example, to combat shock or haemorrhage, in a patient who may be too ill for removal to hospital. In such circumstances, a telephone message to the Royal Infirmary for the "Emergency Maternity Service" will



immediately bring the assistance of a fully trained nurse who will have with her in the ambulance a complete sterile outfit for any necessary treatment which can be carried out in the patient's home.

These additional facilities will thus make complete the scheme for the treatment of all obstetric complications, wherever they may occur.

The service was made available in July (by arrangement between the Health Committee and the Royal Infirmary) but was not called into use during the year under review.

**Puerperal Pyrexia and Puerperal Fever.**

During the year there were 113 notifications of puerperal pyrexia and puerperal fever. There were 7 notifications of puerperal fever, notified during the nine months of the year up to 1st October, when puerperal fever ceased to be notifiable as an infectious disease.

The table on page 177 sets out various data of interest concerning these patients.

The attributable causes in the 113 cases of puerperal pyrexia were : Complicated labour 15, Adherent placenta 2, Retained placenta 2, Streptococcal infection 5, Haemorrhage 2, Spontaneous abortion 7, Illegal abortion 1, Phlebitis 3, Cystitis 3, Inflamed breast 14, Engorged breast 11, Pyelitis 2, Intercurrent disease 14, Cause not defined 32.

Reference to the above table will show that 49 cases of puerperal pyrexia were transferred to the City Isolation Hospital, which admits all cases of pyrexia of doubtful origin, as well as cases of diagnosed sepsis. This procedure is encouraged, both in the domiciliary cases and in those occurring in maternity homes, where facilities for isolation and special treatment are often lacking.

**Maternity Bed Accommodation in the City.**

The maternity bed accommodation within the city is provided by :—

		Maternity Beds.	Ante-natal Beds.	Confinements during 1937.
Health Committee.	Westcotes Maternity	22	3	393
	Home			
	City General Hospital	26	as required	330
Leicester and Leicestershire				
	Maternity Hospital	45	6	940
	Royal Infirmary	14	—	375
	Fielding Johnson Private Hospital	11	—	115
	Various Nursing Homes	90	—	571
Totals		208		2724



PUERPERAL PYREXIA

Notifications and Result of Treatment.

1937.

RESULT OF TREATMENT															
Died at*					Recovered at										
					Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Royal Infirmary.						
41	59	4	—	9	8	38	47	9	2	3	—	2	—	4	
					Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Private Hospital.	Royal Infirmary.					
					Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Private Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	Royal Infirmary.

\* Two deaths were county cases.  
One death was included as a Pyrexia in 1936 Table.

It will be appreciated that a proportion of the patients among the above are from the county. In the case of "Westcotes" Home the number of county patients admitted during the year 1937 was 76.

Total number of births notified in the city during 1937	..	4518
Number of births in Institutions during 1937	.. ..	2724
Percentage of births in Institutions	.. .. .	60.3

For the past five years, the figures are as follow :—

	1933	1934	1935	1936	1937
No. of births notified	3397	3627	4024	4247	4518
No. of births in Institutions	1864	2151	2321	2580	2724
Percentage of Births in Institutions	54.9	59.3	57.6	60.7	60.3

### Comments on the use made of existing accommodation.

It will be seen that while there has been a gradual increase in the number of maternity beds occupied in Institutions during the past five years, the actual increase of 860 patients represents only some 5.4 per cent. of notified births as there has also been a yearly increase in the number of births which have occurred in the City.

The number of cases admitted to the various Institutions are as follow :—

	1933	1934	1935	1936	1937
Wescotes Maternity					
Home	399	410	394 (103)*	467 (87)	393 (76)
City General Hospital	134	205	231	222	330
Leicester & Leicester-shire Maternity Hospital	635	770	843	903	940
Royal Infirmary	275	264	344	313	375
Fielding Johnson Private Hospital	79	119	113	112	115
Various nursing homes	342	383	396	563	571
Totals	1864	2151	2321	2580	2724

(\*County patients in brackets).

### Westcotes Home.

The falling off in the figures for 1937 for Westcotes Maternity Home is accounted for by the following factors.

- (1) The Home was closed for  $2\frac{1}{2}$  weeks owing to a mild outbreak of infection and more than 25 patients were excluded during that period.

- (2) In view of the difficulties of administration and under existing conditions, the number of bookings has been strictly limited and intending patients have had to be refused accommodation. There were at least 20 such refusals during the year.
- (3) The legal necessity of informing incoming patients of any recent case of pyrexia occurring in the Home has caused booked patients to seek alternative accommodation, and on the three occasions when these notices have been sent out, a total of some 12 patients arranged to be confined elsewhere. These three factors thus account for at least 57 patients who were not admitted to the Home in 1937.

### **City General Hospital.**

The number of admissions has shown a steady increase since 1933, while in 1937 there was a large increase, viz. 108 over the previous year. This increase occurred mostly in the last quarter of the year. From my own experience at ante-natal clinics there is now no hesitation on the part of all classes of patients, necessitous and otherwise, in seeking admission to this Hospital. The record figure for 1937 was made up in some degree by the patients who could not be admitted to "Westcotes" Home, and this high figure may not be maintained, but it is reasonable to suppose that there will not be a marked falling off in the number of maternity patients in future.

### **Leicester and Leicestershire Maternity Hospital.**

This Voluntary Hospital now provides 51 beds for City and County patients which include 6 beds for ante-natal cases. The accommodation has been increased to this number during the last five years and there is no indication, from the applications for admission, that there is any falling off in the number of patients.

The grant made by the Health Committee was increased to £1,200 during 1937 (with an increased representation of the Local Health Committee on the Hospital Committee) but the finances of this Hospital are still in an unsatisfactory state.

### **Royal Infirmary.**

The increasing demand for accommodation at this Hospital was met by the establishment in February, 1935, of a maternity ward of 11 beds. At times this accommodation has proved inadequate and throughout the last five years, on an average, three beds in other wards have been occupied by maternity patients. It should be mentioned



that the average admission during each year of 314 patients, includes an average of 100 cases of abortion. The figures previously quoted of births notified or registered do not include cases of abortion as these are not notifiable, so that the number of births recorded is not the maximum figure to be considered in any estimate of the provision to be made for maternity patients.

### **Fielding Johnson Private Hospital.**

This Hospital provides 10—13 maternity beds with an average of 107 patients admitted during each of the last five years.

### **Various Other Nursing Homes.**

Under this heading are included all the private nursing homes in various parts of the city. They are chiefly private houses with accommodation of from 2—15 maternity patients, the majority being very small.

### **Comments on the adequacy of existing maternity bed accommodation.**

From the foregoing remarks it will be seen that all the institutions in the city are working to their full capacity.

#### **1. Voluntary and Private Institutions.**

- (a) **The Leicester Royal Infirmary** provides mainly for the complicated maternity cases and its unit of 11 beds seems adequate at present.
- (b) **The Leicester and Leicestershire Maternity Hospital** is being used to its maximum capacity. It serves the central and other districts and is capable of limited extension of premises should there be a demand for increased accommodation.
- (c) **Fielding Johnson Private Hospital.** The number of beds provided here for patients who can pay weekly fees of 7—10 guineas is considered adequate.
- (d) **Various private maternity homes.** There has been no notable increase in the amount of this accommodation during the last five years and as there is no apparent need in any part of the city for additional private Homes, it has been the policy of the Maternity and Child Welfare Sub-Committee to discourage the opening of the smaller (2—4 beds) maternity homes in the city.

## 2. Health Authority's Institutions.

- (a) **City General Hospital.** Until the end of 1937 the maternity bed accommodation was limited to 8 beds in a separate block. This had become increasingly inadequate during the last few months. In 1936 there were 222 maternity patients admitted to the Hospital, while in 1937 the number increased to 330, the largest on record. This increase was greatest towards the end of the year when it became necessary to set aside a general ward of 28 beds to accommodate maternity patients.

Meanwhile, the scheme to convert Ward 16 as a Maternity Ward of 26 beds is now completed.

Geographically the City General Hospital cannot serve the whole city as regards maternity beds. It will serve the north and east ends of the city and also some patients from various other districts and the new maternity ward of 28 beds for confinement cases should prove adequate at present, assuming that the recent increased demand for accommodation continues.

But it will be recognised that the present alterations are in the nature of a temporary expedient to meet the recent increased demand for maternity beds at the Hospital.

The adaptation of one large ward in a general hospital and the provision thereby of 11 double and four single cubicles is not the ideal method of providing for maternity patients and it may be necessary at a later date to consider the establishment of a separate maternity unit in association with the Hospital.

- (b) **Westcotes Maternity Home.** This Home provides accommodation for 25 maternity beds, together with one observation ward and one labour ward.

The Home serves chiefly the West End of the City, though patients are admitted from various parts of the City, and also from the County at increased fees. It is intended to accommodate those patients who can pay a moderate fee, viz., 2 guineas per week.

During the last five years, a yearly average of 413 confinements has taken place at the Home ; this figure, together with the fact that patients have to be refused admission to the Home, proves the need for such accommodation in the West End of the City.

## 3. General.

From a survey of the City as a whole, it seems that it is adequately provided with maternity beds, private and otherwise—with the exception of the area now served by Westcotes Home.

**TABLE 19.**  
**MUNICIPAL MATERNITY HOME,**

Return relating to Maternity Homes maintained or subsidised by  
the Council, as required by the Ministry of Health, for year 1937.

FORM M.C.W. 96a.

1. Name and address of Institution :—	
Municipal Maternity Home, Westcotes Drive, Leicester.	
2. Number of beds in the Institution (exclusive of isolation and labour beds) .. .. .	25
2a. Number of beds, if any, included under item 2 which have been allocated to, and reserved for, expectant mothers in need of Hospital treatment .. .. .	3
3. Number of maternity cases admitted during the year—	
Admissions	430
Patients	393
3a. Number of women treated during the year in the beds shown against item 2a. (These women should be included also against item 3) .. .. .	37
4. Average duration of stay of cases included against item 3..	14.6 days
5. Number of cases delivered by :—	
(a) Midwives .. .. .	296
(b) Doctors .. .. .	97
6. Number of cases in which medical assistance was sought by a midwife in emergency .. .. .	172
7. Number of cases notified as—	
(a) Puerperal Fever .. .. .	—
(b) Puerperal Pyrexia .. .. .	16
8. Number of cases of pemphigus neonatorum .. .. .	—
9. Number of infants not entirely breast-fed while in the Institution .. .. .	25
10. (a) Number of cases notified as ophthalmia neonatorum..	1
(b) Result of treatment in each case. Improved on discharge to be attended by own doctor.	
11. (a) Number of maternal deaths .. .. .	none
(b) Cause of death in each case.	—
12. (a) Number of infant deaths—	
(i) Stillborn .. .. .	9
(ii) Within 10 days of birth .. .. .	9
(b) Cause of death in each case and results of post-mortem examination (if obtainable)—	
Prematurity .. .. .	1
Intercranial haemorrhage .. .. .	1
Atelectasis .. .. .	2
Broncho pneumonia .. .. .	1
Congenital heart .. .. .	3
Cerebral birth injury .. .. .	1



It is not possible to forecast with certainty what effect on the number of confinements in Institutions will follow the introduction in 1937 of the Municipal Midwifery Scheme. No immediate dramatic results are claimed for this scheme. What is hoped for is a gradual improvement in the standard of domiciliary midwifery but whether this ultimate result will reduce the number of confinements in Institutions it is impossible to say. It certainly does not indicate at present a reduction of the provision of institutional beds. The figures already quoted for the last five years show that the trend has been towards maternity homes.

While it may be considered in general that the present accommodation throughout the city is adequate, it cannot be said that the existing accommodation at Westcotes Home is either adequate or conforms to the standard of efficiency demanded by modern methods of midwifery and the requirements laid down in the latest circular of the Minister of Health on Maternal Mortality.

The inadequacies now existing at the Home have been elaborated in a special report and it is hoped that a scheme to provide up-to-date facilities for maternity patients in the West End of the city will be favourably considered.

### The Municipal Maternity Home.

The number of confinements at the Home during the last five years have been as follows :—

1933	1934	1935	1936	1937
399	410	394 (103)	467 (87)	393 (76)
(County patients in brackets.)				

The falling off in the figures for 1937 has been explained in a previous paragraph. That there is no true falling off in the number of intending patients is indicated by the fact that bookings are being maintained up to the limit, and that it is still necessary to refuse to book patients who have applied to come into the Home.

The ante-natal clinic is held on the premises for two sessions each week and the attendances are recorded on a previous page. The number of new cases attending the clinic is less than the number of admissions to the Home, as patients are allowed to be attended in the Home by their own doctor.

A tabular statement of the work done at the Home is given on the previous page. It will be noticed that there were no maternal deaths in the Home during the year, the last maternal death occurring in the Home in 1933.

There were 16 cases of puerperal pyrexia notified but in none of these was there any pathological evidence of infection with the haemolytic streptococcus, i.e., with the cause of puerperal fever. It is a routine to transfer all cases of pyrexia of doubtful origin to the City Isolation Hospital as there is only one single ward at present in the Home, where a patient may be isolated or kept under observation.

### **Training of Midwives.**

The Home has always been an approved training school for pupil midwives. During the year 12 general trained nurses were accepted for training. Nine pupils were in training at the beginning of the year and 8 pupils were in training at the end of the year. Of the 14 pupils who sat for the examination 10 were successful in obtaining the certificate of the Central Midwives' Board.

New regulations governing the future training of pupil midwives have been formulated by the Central Midwives' Board and approved by the Ministry of Health. They will come into force at the end of 1938. In addition to extending the period of training to two years for the untrained pupil and to one year for the general trained nurse, the regulations also specify additional requirements in the matter of approved teachers, accommodation and facilities for the pupil midwives.

In view of the fact that the arrangements for a combined lecture course for pupil midwives from the three recognised training schools in Leicester have been made by a special Committee of the University College, that body has undertaken the preparation of a joint scheme for the training of all pupil midwives in the city. In this way it is hoped to obtain recognition for the city as a whole.

### **Staff.**

Dr. T. W. Allen has been Medical Officer on call for the Home since it was opened in 1920. The ante-natal clinics at the Home had been conducted by the Maternity and Child Welfare Medical Officer but it was felt that there would be greater continuity of the work if the clinics were undertaken by the doctor liable to be called in at the confinement. Accordingly the clinics were allocated to him in January, 1937. This, and other factors, led to the revision during the year of the terms of appointment of Dr. Allen. In addition to being Medical Officer on call, and Medical Officer of the ante-natal clinics held at the Home, he now pays one routine daily visit to the Home and is medically responsible for all patients who are not attended by their own doctor. Further, he will conduct the post-natal clinic which is



about to be established for those patients who have been confined in the Home.

For these services, the part-time Medical Officer concerned receives a fixed salary in lieu of a retaining fee and patients' fees and it is hoped that the re-arrangement will bring about a greater continuity and co-ordination of the medical work at the Home.

Miss E. Bradshaw continues as Matron, assisted by three day Sisters and one night Sister.

### **Registered Nursing and Maternity Homes.**

A list of registered Nursing and Maternity Homes within the City at the end of 1937 is given on the next page.

There were no new Homes registered during the year.

One Home, previously registered for 12 beds, was extended and then re-registered for 15 beds ; another Home increased its accommodation from 6 to 7 beds and a further Home, previously registered for 11 beds, was re-registered for 7 beds upon being taken over by a different nurse.

The registration of four Homes was automatically cancelled owing to the death or retirement of the person registered.

All Homes are inspected periodically by the Maternity and Child Welfare Medical Officer, who is also in constant touch with Homes which admit maternity patients, especially when any emergency arises.

The accommodation and facilities vary considerably, but no new application for registration is granted unless a high standard of efficiency and accommodation is assured.

### **Maternal Mortality.**

During the year there were 5 maternal deaths registered. The cause of death in each case was puerperal sepsis, there being no deaths due to "other accidents and diseases of pregnancy and parturition."

This gives a rate of 1.27 per 1,000 live and still births as compared with 3.3 in 1936 and a puerperal sepsis rate of 2.3 in 1936.

The figures for England and Wales for 1937 are a maternal mortality rate of 3.11 and puerperal sepsis rate of 0.94 per 1,000 total births (i.e. live and still).

It will thus be seen that the total rate for the City compares very favourably with that for the country as a whole.



TABLE 20.

**LIST OF REGISTERED NURSING HOMES**  
**(INCLUDING MATERNITY HOMES.)**

	ADDRESS.	NO. OF BEDS.
9 Mere Road .. .. .		1
40 Farnham Street .. .. .		2
38 Cromford Street .. .. .		1
58 Loughborough Road.. .. .		6
66 Uppingham Road .. .. .		4
56 Clarendon Park Road .. .. .		15
348 Aylestone Road .. .. .		15
22 Vicarage Lane .. .. .		3
306 Aylestone Road .. .. .		2
Stoneygate Nursing Home, Stoneygate Road .. .. .		6
Southfields Nursing Home, 84 Regent Road .. .. .		4
"South View," Humberstone Lane .. .. .		2
39 Scraftoft Lane .. .. .		4
"Broadview," Goodwood Road .. .. .		5
337 Fosse Road North .. .. .		14
"Clifton Nursing Home," 58 Fosse Road Central .. .. .		7
Central Nursing Home, 6 University Road .. .. .		15
350 Aylestone Road .. .. .		8
The Laurels, 185 Uppingham Road .. .. .		8
Sundial Nursing Home, Aylestone Road .. .. .		12
85 Narborough Road .. .. .		7

The following table sets out the total and the sepsis rates for the City for the last five years :—

MATERNAL DEATHS AND DEATH RATES FOR FIVE YEARS  
1933-1937.

	1933	1934	1935	1936	1937
<b>Puerperal Sepsis :</b>					
Deaths .. .. .	6	8	8	9	5
Rate per 1,000 total births	1.8	2.3	2.1	2.3	1.3
<b>Non-Sepsis :</b>					
Deaths .. .. .	11	11	14	4	—
Rate per 1,000 total births	3.2	3.1	3.8	1.0	—
<b>Total Maternal Deaths :</b>					
Deaths .. .. .	17	19	22	13	5
Rate per 1,000 total births	5.0	5.4	5.9	3.3	1.3

The rate for 1937 is the lowest on record for the City and shows a continuation of the reduction recorded in 1936. This reduction is due to the fact that there were no deaths allocated to causes other than sepsis ; also the number of deaths from sepsis was the lowest since 1932.

Through the cordial co-operation of the various members of the medical profession, it has been possible to obtain the fullest details concerning the pregnancy and confinement in all these cases.

The following is a brief history of each case.

- (1) A married woman, aged 32 years, pregnant for the 5th time. There was a marked degree of uterine prolapse for which the patient always refused treatment. She also refused to consider going to hospital for her confinement. She had a spontaneous delivery under unsuitable home conditions, but the uterine condition was such that after 48 hours, the doctor insisted upon the patient's removal to hospital. She was suffering from a low grade infection but did not respond to intensive treatment and died 24 hours after admission to hospital.
- (2) A married woman, aged 26 years, had an incomplete abortion at home and was removed to hospital, suffering from sepsis. She appeared to be recovering when she died suddenly, 26 days after admission, of a pulmonary embolism.
- (3) A married woman, aged 40 years, was suffering from a sore throat at the time of her confinement. Delivery was normal but there were signs of sepsis within 72 hours. The patient was removed to hospital where she died 26 days after admission.

• (4) A married woman, aged 23 years, had a spontaneous delivery but developed signs of puerperal fever on the 3rd day. She was removed to hospital but in spite of intensive treatment died  $2\frac{1}{2}$  months after admission.

(5) A married woman, aged 27 years, had continuous haemorrhage for 48 hours before calling in her midwife. Medical aid was promptly obtained and the patient was removed to hospital suffering from signs of sepsis. She appeared to respond to treatment but developed pneumonia from which she died  $3\frac{1}{2}$  weeks after admission.

In each case death did not occur in the early stages of the disease and each patient had the benefit of hospital treatment.

In cases (1) and (5) the lack of intelligent co-operation of the patient must be considered as a contributory factor.

In cases (2) and (5), the fatal termination was unexpected and, in the present state of our knowledge, unpreventable.

As mentioned previously in this report, it is now customary to encourage the admission to the Isolation Hospital of all cases of pyrexia of obscure or streptococcal origin. This procedure is becoming more general and patients are also being admitted at an earlier stage in the disease, when the results of treatment are more promising.

Details of the result of treatment and of the reduction in the number of deaths from sepsis will be found in the section of the report on the work of the Isolation Hospital.

In the annual report for 1936, it was stated that the hope for a permanent maintenance of the mortality rate at its present low level lies in the reduction of the incidence of puerperal sepsis. Although it is erroneous to draw any definite conclusions from the figures for any one year, it would seem that the causes of maternal deaths other than sepsis are coming more within control. It is hoped that the great decrease in the maternal mortality rate will be maintained.

### **Infant Mortality.**

There were 238 deaths in infants under one year during 1937. The corrected number of births was 3,807 which gives an infant death rate of 62.52. The infant mortality rate for England and Wales was 58 and for the Great Towns 62.

The corresponding figures for 1936 were 221 deaths, giving an infant death rate of 58.37 as compared with a rate of 59 for England and Wales and 63 for the Great Towns.



TABLE 21. City of Leicester.

**INFANT MORTALITY DURING THE YEAR 1937.**

Net Deaths from stated Causes at various Ages under 1 year of Age.

CAUSE OF DEATH.	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	Total Deaths under 1 Year
All Causes Certified.	85	17	9	6	117	34	35	30	22	238
Congenital Malformations..	7	1	1	1	10	6	2	3	—	21
Birth Injuries .. ..	11	—	—	—	11	—	—	—	—	11
Atelectasis .. ..	3	—	1	—	4	—	—	—	—	4
Atrophy, Debility and Marasmus .. ..	2	1	—	—	3	4	—	—	—	7
Premature Births .. ..	52	9	2	1	64	3	—	—	—	67
Diarrhoea, etc. .. ..	—	—	1	2	3	5	10	3	1	22
Convulsions .. ..	3	—	—	—	3	—	—	—	—	3
Icterus Neonatorum .. ..	—	2	—	—	2	—	—	—	—	2
Pemphigus Neonatorum .. ..	—	1	—	1	2	—	—	—	—	2
Rickets .. ..	—	—	—	—	—	—	1	1	3	5
Pink Disease .. ..	—	—	—	—	—	—	—	—	1	1
Tuberculous Meningitis .. ..	—	—	—	—	—	—	—	1	—	1
Abdominal Tuberculosis .. ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculus Diseases .. ..	—	—	—	—	—	—	3	—	2	5
Meningitis. (Not Tuberculous) .. ..	—	—	—	1	1	—	—	1	1	3
Bronchitis .. ..	—	—	1	—	1	1	3	2	1	8
Pneumonia (all forms) .. ..	1	1	2	—	4	8	9	12	9	42
Whooping Cough .. ..	—	—	—	—	—	2	—	1	—	3
Measles .. ..	—	—	—	—	—	—	—	1	2	3
Cerebro Spinal Fever .. ..	—	—	—	—	—	—	—	1	—	1
Erysipelas .. ..	—	—	—	—	—	—	—	1	—	1
Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—
Suffocation .. ..	2	—	—	—	2	—	3	—	1	6
Other Causes .. ..	4	2	1	—	7	5	4	3	1	20

Net Births in the Year { legitimate, 3,625.  
illegitimate, 182.

Net Deaths in the Year of { legitimate infants, 225.  
illegitimate infants, 13.

Although the City may be said to compare favourably with the country as a whole and to have an infant death rate no greater than the average for Great Towns, yet this increase during 1937 of a rate which has remained fairly stationary during the last few years indicates the need for a continuation of the investigation already made into every infant death in the hope of eliciting information which may lead to a reduction in the number of children who die during the first year of life.

The cause of death and age incidence are set out in Table 21 and an analysis of this Table and data as to sex incidence reveals the following facts :—

144 male infants died as against 94 female infants.

Of the 238 deaths, 85, i.e., 35.7 per cent. occurred during the first week of life and 117, i.e., 49 per cent. occurred during the first month of life.

Prematurity alone accounted for 67, i.e., 28 per cent. of the total deaths as compared with 29 per cent. of the total deaths in 1936.

There were 21 deaths from congenital defects.

From a study of the above facts it would seem that the chief factor concerned with the maintenance of the infant death rate is that of prematurity. Its causes are many but it is hoped that more general ante-natal supervision will lead to its reduction and that those infants born prematurely into homes which cannot provide the constant and skilled attention needed will be removed to hospital where their chances of survival are greatly increased.

### **Day Nursery.**

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920, and since February, 1923, the work has been carried on in premises in St. Martin's. These premises are centrally situated and it is an advantage to have a piece of ground available as an open-air playground, etc., for the toddlers and the babies. But the premises themselves are not convenient nor adequate for the purpose of a Day Nursery and it is hoped that modern accommodation will be provided at some not too distant date.

**Attendances.** The Day Nursery was open during the year for 249 full days and 46 half-days (Saturdays). The total full-day attendances were 9,560 and the half-day attendances were 1,821 as compared with 9,214 and 1,616 respectively, for the previous year.

It will thus be seen that the amount of work is still maintained in spite of the fact that some of the population in the centre of the city has been re-housed on the new housing estates. The Day Nursery is the only one in the City and is now serving a very wide area. From recent figures supplied by the district Health Visitors, it is evident that the mothers living in the outlying parts of the city who have to go to work make arrangements with relatives or neighbours or send their toddlers to any available nursery class. The merits and demerits of a Day Nursery and a nursery class need not be entered into here. The establishment of Nursery Classes in the city is being watched with the closest interest by all concerned in the welfare of the pre-school child and the experience gained after they have been opened for a reasonable period should be a useful guide in considering the future policy with regard to Day Nurseries.

Meanwhile the St. Martin's Day Nursery continues to provide skilled and continuous daily supervision for children of all ages up to 5 years old, whose mothers are obliged to go to work—infants are brought to the nursery as early as 7.30 a.m. and remain until 6.30 p.m. Mothers who are nursing their children may return to the nursery for this purpose during the dinner hour, when they are provided with a nutritious mid-day meal for a modest sum.

The Maternity and Child Welfare Medical Officer pays frequent visits to the Nursery and undertakes the periodic examination of all children attending regularly, as well as being in close touch with the matron concerning any emergencies and doubtful cases of admission.

**The Teaching of Mothercraft.** The Day Nursery affords excellent opportunity for the training of nurses and for the teaching of mothercraft to schoolgirls. The arrangement with the Education Committee continues and the girls attend in groups of not more than eight, one group attending in the mornings and one in the afternoons, each group attending for a period of four weeks.

The total attendances made by the 309 schoolgirls were 2,721, drawn from the following schools:—Elbow Lane, Lansdowne Road, Avenue Road, Linwood Lane, Folville Rise, Holy Trinity and Willow Street.

**Staff.** Miss F. Berkson continues as Matron and is assisted by a staff of two Sisters, a Mothercraft Teacher and probationer nurses as required.

During the year, the four probationers who sat the prescribed examination obtained the advanced certificate of the Society of Day Nurseries.



## **Staff.**

**Medical.** As mentioned earlier in the report, the medical staffing of the Department has been re-organised. The part-time Medical Officers of the Health Committee were replaced, on 1st November, 1937, by whole-time Officers who were also appointed Assistant School Medical Officers. This also enables four existing Assistant School Medical Officers to undertake medical work at Infant Welfare and Ante-Natal Clinics. Thus the Medical Officers who are engaged in dealing with the child of pre-school age continue their medical supervision throughout school life, so that although at school age the child passes from the care of the Maternity and Child Welfare Committee to that of the Education Committee, it remains under the supervision of the same Medical Officer.

To make possible this co-ordination of the work of the Public Health and School Medical Service, three new Medical Officers, Dr. Janet Done, Dr. Pauline K. Hearth and Dr. C. A. McPherson were appointed and commenced duty on 1st November, 1937.

**Health Visitors.** Miss A. M. M. Girdlestone resigned her post in September, 1937, upon being appointed a Non-Medical Supervisor of Midwives to Portsmouth, and was replaced by Miss E. Mycock who commenced duties on 22nd November, 1937.

There were no additions to the staff during the year, but the appointment of two more health visitors for 1938 was sanctioned by the Committee.

E. B. BERENICE HUMPHREYS.

# Report of the City Analyst

For the Year 1937.

By

F. C. BULLOCK, B.Sc., F.I.C.

Public Analyst and Official Agricultural Analyst.

With foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In the following pages will be found the report of the Public Analyst, whose Department is one of the most important branches of the Health Service. It is agreed by all that the question of nutrition is fundamental to good health. The Public Analyst by his continued check on the quality of foodstuffs plays no small part in safeguarding the health of the community.

There are one or two special comments I would like to make.

- (a) During the year under review there was a substantial increase in the number of samples examined. While the Committee is prepared to assist other Committees in the examination of materials, not foodstuffs, I feel the primary duty of the Public Analyst is to control the quality of the food and drink supply of the City, and I welcome the increased work under this heading.
- (b) A test of special value in ascertaining the adequacy or otherwise of the pasteurisation of any particular sample of milk, is the phosphatase test. A full description will be found on page 201. It should be noted that when the test was first used in Leicester, a large proportion of the samples proved to be insufficiently pasteurised, obviously a very disquieting state of affairs. It is satisfactory to note that the continued use of the test, with the information it has enabled us to give to the pasteurisers, has produced a great improvement. Whereas at first about 60 per cent. of samples were incorrect, at the time of writing this report (April, 1938) less than five per cent. are found to be insufficiently pasteurised, and even this number is rapidly decreasing.
- (c) The only other point to which I wish to draw attention is that of the analysis of drinking water supplied to the City. This question has been much before the country of late and it is desirable that everyone should know how the matter stands in Leicester.

As a result of over 200 samples examined during the year, it is possible to state categorically that the water supplied to Leicester is of an entirely satisfactory quality. The frequency of examination of samples, already reasonable, has been increased of late months so that no stone may be left unturned to ensure a safe supply.

Other comments on the water supply will be found earlier in this Report, on page 43.



# Report of the City Analyst

For the Year 1937.

By F. C. BULLOCK, B.Sc., F.I.C.

Public Analyst and Official Agricultural Analyst.

## INTRODUCTION.

I beg to present my report on the work carried out in the City Laboratory during the year ending 31st December, 1937.

The samples analysed have been set out as in previous reports, in a series of Tables, numbered as before to facilitate comparison with other years. The main points to note are—

- (a) an increase of over ten per cent. in the total number of samples examined compared with 1936 (Table A.) This increase is due to more samples being taken under the Food and Drugs Adulteration Act, 1928 (Table B), more samples under the Milk (Special Designations) Orders (Table E), and more miscellaneous samples for the Health Committee (Table K);
- (b) Table O. Many articles, e.g., shell-fish and watercress, do not lend themselves to chemical adulteration, but from their very nature are liable to bacterial pollution; they therefore require to be examined by bacteriological methods. Work in this category has steadily increased since we first began bacterial examination of milk in 1926, and it now accounts for 25 per cent. of the total number of samples received;
- (c) Table P is new. The undoubted importance of a safe milk supply is at present leading to more and more pasteurisation. This may or may not be a stopgap process, pending the development of the facilities for producing adequate quantities of safe raw milk, but in the meantime it is very necessary that the process should fulfil its purpose of rendering milk safe for human consumption. For effective pasteurisation the process must be carried out at the proper temperature for the required time; and the Phosphatase Test (see page 201) is at present the only available convenient test enabling the efficiency of pasteurisation to be checked;

(d) work on atmospheric pollution in Leicester is now being carried out by Dr. A. R. Meetham, on behalf of the D.S. I.R. Only that portion of the work done in this laboratory is, therefore, referred to in this report (Tables M., N. and Q.)

There have been no changes in staff during the year. Mr. J. L. Pinder, B.Sc., A.I.C., has carried out his work as first assistant with every satisfaction.

Messrs. Smart and Wright have also shown keen interest in their work, and have been useful. Mr. Smart passed his Inter B.Sc. examination during the year.

In concluding this introduction, I would again mention the inadequacy of our present accommodation for the variety and volume of work required to be carried out.

Table A summaries all the samples examined during the year.

### **Food and Drugs (Adulteration) Act, 1928.**

The main work of the department consists in the analysis of samples submitted by the Sanitary Inspectors under the Food and Drugs (Adulteration) Act, 1928. This Act, which was originally intended to suppress fraudulent practice in the manufacture and sale of foods and drugs, is now administered with a greater tendency to safeguard the health of consumers generally. During 1937, 1,711 samples were examined, of which 92, or 5.4 per cent., of the total were reported against. This is rather more than the corresponding figure for 1936, but is about the average for the country in recent years.

### **Clear Mints.**

A series of samples, purchased at different shops, but all made by one manufacturer, were condemned on account of the presence of gross amounts of sulphite bleach. Confectionery of this type consists generally of two parts of white sugar and one part of liquid glucose, boiled, together with a little water, to the necessary consistency. Towards the end of the boil the required flavouring is added. Nothing could be more wholesome than a product made according to this simple recipe if pure ingredients are used. Boiled sweets, however, provide an excellent instance of what we may term the "food faking complex" which is still so prevalent. In the case of most sweets, small amounts of artificial colouring material are added to render the sweets more pleasing to the eye, and ultimately to increase sales. In the case of sweets, such as clear mints, however, where no colouring is



appropriate, some manufacturers find it difficult to leave the sugar mixture untouched and add considerable amounts of chemical containing sulphite to ensure an extra degree of whiteness in the finished product. Sugar is permitted to contain 70 parts per million of sulphur dioxide, and glucose is permitted 450 parts per million. During the boiling of the sugar mixture, however, most of this sulphur dioxide disappears, and the final product would seldom contain more than 30 parts per million of sulphur dioxide. It is usual now, however, to allow the manufacturer the benefit of all the sulphur dioxide originally present in his raw materials, this certainly helps to keep the sweets white, and therefore, as many of the public would think, pure ; but any amount exceeding 200 parts per million would definitely prove the addition of bleach chemicals. In this present series of clear mints, amounts as high as 1,400 parts per million of sulphur dioxide were present, sufficient probably in the case of some individuals to counteract any beneficial effects of the mints themselves in the way of aiding digestion. Although, perhaps, these added chemicals are not definitely poisonous, and may have no injurious effect detectable on many people, it should be assumed as a general rule that they are all foreign to the animal digestive system, and therefore undesirable unless used deliberately as drugs.

These remarks hold good also in the case of small amounts of boric acid, detected present in samples of sausage and butter, referred to later in this report.

### **Jam and Marmalade.**

Some of the difficulties of jam analysis and the interpretation of results were referred to in this report last year. One or two samples of raspberry jam were also reported then, illustrating the unsatisfactory nature of some of the material sold to the public under the name of "Full Fruit Standard Jam."

As was then pointed out, the absence of watertight legal standards makes it difficult to obtain convictions against the manufacturers concerned. The unofficial standards arranged between the Food Manufacturers' Federation and the Society of Public Analysts are still the only criterion by which samples of jam can be judged. During the year under review, out of 18 samples, four, all blackcurrant jam declared to be of Full Fruit Standard, were reported against for deficiency of fruit. (Nos. 1931, 1949, 1988 and 2340, Table D.)

A further sample of blackcurrant jam infringed the Preservative Regulations by containing 71 parts per million of sulphur dioxide, thus exceeding the 40 parts per million permitted.



## **Butter.**

Twenty-five samples of butter contained amounts of water between 11.6 per cent. and 15.95 per cent., the average water content being 14.78 per cent. The maximum amount permitted is 16.0 per cent. No sample contained an excessive amount of free fatty acid, but informal sample No.1821 contained 0.021 per cent. of boric acid contrary to the Preservative Regulations.

## **Margarine.**

One sample of margarine (No. 2389) was not labelled in accordance with the section of the Act referring to the wrapping of margarine. In view of the great similarity in appearance, taste, and texture of butter and present day margarine, but their considerable dissimilarity in price, chemical composition and nutritive value, it is important that margarine should be clearly described as such in order to protect the public from getting the one instead of the other as a result of fraud, carelessness or accident.

## **Dripping.**

Of 13 samples received, none contained any water other than that associated with red jelly-like extractive matter in the case of two samples, by the presence of which obviously no purchaser would be prejudiced.

One sample (No. 1361), was of rather special interest. It was purchased as "Pork Dripping" and was found to contain 2.5 per cent. of Free Fatty Acid. There was a trace of extractive matter in the sample, but this was avoided in the portion taken for Free Fatty Acid estimation. In subsequent correspondence with the manufacturer, it transpired that the article was sent out as "Roast Pork Dripping with Jelly," each tin containing an upper layer of fat and a lower layer of jelly, constituting seven to ten per cent. of the whole. When cut through vertically, each purchaser would get a representative proportion of the two constituents. The jelly portion contained several per cent. of free organic acid which could only be avoided by resorting to chemical neutralisation—a practice to be deprecated. On storage, some of this acid would dissolve into the fat layer but would not have the same significance of decomposition and approaching rancidity as does Free Fatty Acid in the case of fat free from such extractive matter.

We ultimately arranged to adhere to our standard of one per cent. Free Fatty Acid for edible fats in general as giving better protection to

the public without being over stringent on the manufacturer, but agreed to modify that standard to two per cent. Free Fatty Acid for an article with a qualifying description such as "Roast Pork Dripping with Jelly."

This standard was acceptable to the manufacturer.

### **Potted Beef.**

Two samples were reported against for excess moisture. There is at present no legal maximum for moisture content of Potted Meats, but 70 per cent. is considered a lenient figure to adopt since the average moisture content of commercial samples is of the order of 55 per cent.

Sample No. 1894 contained 74.3 per cent. water but had a firm consistency due to the presence of a small amount of gelatine in its make-up. The manufacturers stated that it should have been sold as "jellied potted beef," which qualification would have covered any moisture content.

It is hard to believe that there is any great demand for this type of potted meat, since the gelatine spoils the easy spreading properties usually needed in potted meat for making sandwiches. It looks very much as if the addition of gelatine is a device for incorporating an excessive amount of water with the meat without making it apparent to the purchaser.

The other sample, No. 1895, also contained 74 per cent. water, but no gelatine, and was definitely of a soft wet consistency. The manufacturer admitted lack of oversight in the making of that particular batch.

### **Sausage.**

Sausage is permitted to contain 450 parts per million sulphur dioxide if its presence is declared. Otherwise, no sulphur dioxide, nor any other preservative, may be added.

Table D shows two samples containing boric acid, six samples containing undeclared sulphur dioxide, in three cases the maximum figure of 450 parts per million being exceeded ; and one sample where preservative was declared but was in fact not present.

It may seem pedantic to regard this last case as an offence, but some discriminating purchasers might actually want preserved sausage, thinking that the material from which sausage is made requires a certain amount of chemical support, particularly if the sausage is purchased on Friday night for use, say, on Sunday morning.



Milk and Cream Cheese.

Ordinary pressed cheeses, such as Cheddar, Cheshire, Stilton, etc., contain approximately equal parts of water, protein matter and fat, the fatty portion thus constituting about 50 per cent. of the total dry solid matter present.

Soft milk cheeses of the Cambridge type will naturally contain more water, perhaps up to 60 per cent., but the ratio of Fat to Total Dry Solids will still be the same, viz., 50 per cent.

Cream cheeses will contain a higher proportion of fat, constituting 80 to 97 per cent. of the total dry solids, and less water.

A formal sample of "Milk and Cream Cheese," No. 1687, was in the form of a sandwich. The two constituents were separated and analysed separately, giving the following results :—

				Milk	Cream	Average
				Portion	Portion	Composition of
						Total Sample
Water	..	..	..	80.7%	57.6%	77.36%
Total Solids		..	..	19.3%	42.4%	22.64%
Fat	..	..	..	0.56%	23.2%	3.84%
Fat as Percentage of Total						
Solids	..	..	..	2.9%	54.7%	17.0%

The milk portion constituted 85 per cent. of the whole sample.

In view of the above composition, it was reported that the cheese as a whole was made from milk deprived of about 62 per cent. of its original fat, and should have been called "Skimmed Milk and Milk Cheese."

When the third part was produced in Court and was by that time several weeks old, it was in a completely liquid condition.

Milk.

1,054 samples were received for chemical examination, of which 41 (3.9 per cent. of the total) were deficient in composition or otherwise unsatisfactory. 20 were deficient of fat, 20 contained added water (as confirmed by the Hortvet Freezing Point Test), and one contained extraneous matter in the form of metal turnings.

The detailed amounts are shown in Table C.

In several cases, including Sample No. S.65, which contained 37 per cent. of additional water, the presence of the water was found to be due to weakness in design or misuse of pasteurising plants.



Freezing Point determinations were carried out on 74 samples of milk. In 18 cases, where the S.n.F. were below 8.5 per cent., the Freezing Point was normal, removing suspicion of any water having been added.

All the milk samples received were tested for preservatives, but in no case were any found to be present.

The present day importance of pasteurised milk was referred to in the introduction to this report. A criticism of the Regulations in imposing no standard for *B. Coli* in pasteurised milk was made in the report for 1934. This defect was not remedied in the Milk (Special Designations) Order, 1936.

In addition to the admitted help which pasteurisation gives to large distributors, the real virtue of the process from the public point of view is that it renders milk free from disease-causing organisms. It is important, therefore, to be able to say, when examining in the laboratory a sample of pasteurised milk, whether or not the milk has been treated under conditions which research has proved that these more undesirable germs perish.

For this purpose, the Phosphatase Test, described in 1935 in the "Journal of Dairy Research" (VI, No. 2, p. 191) by Kay & Graham, has been found valuable. In this test the enzyme phosphatase, which is present in raw milk but absent in legally pasteurised milk, is made use of through its ability to split off carbolic acid from certain compounds containing phosphoric acid. If phosphatase is found present it is evidence that the milk had not been properly pasteurised, or has had raw milk added to it.

This test was applied to 343 samples and the results obtained are set out in Table P. It will be seen that only 37 per cent. of the samples were heated to a degree necessary to give full pasteurisation (i.e., 145°F. to 150°F. for at least 30 minutes), while in over 10 per cent. of the samples, the test indicated a serious departure from the correct pasteurising technique.

The test gives no information as to whether the milk has been overheated or not, but some help on this point may be gained from the appearance of the cream line.

### Miscellaneous Samples of Food.

The other samples reported "Not genuine, etc." are listed in Table D. Only one calls for comment. A sample, described as "Lemon Pop," No. 2289, was found to contain 6.3 per cent. proof spirit. It

was a palatable, home-made article, and the shopkeeper was advised that beverages of that kind should not contain more than 2 per cent. proof spirit, unless sold under Excise licence. As the liquid was still "working" further alcohol determinations were made at intervals while the supply lasted. After six weeks in the refrigerator, the alcohol content had reached 12 per cent. proof spirit. The original bottle cost a penny !

## Drugs.

One sample of Camphorated Oil (No. 376) was deficient of 16 per cent. of the required amount of camphor. The British Pharmacopæia requires 20 per cent. camphor, whereas the sample contained only 16.8 per cent. camphor.

A sample of Tincture of Iodine (No. 1347) was deficient of 7.2 per cent. of the required amount of iodine, but contained 16.6 per cent. excess of potassium iodide. Repeat samples from the same firm were satisfactory.

An informal sample of Ammoniated Tincture of Quinine (No. 1528) was deficient of 31 per cent. of ammonia, and a follow-up formal sample (No. 1555) was similarly defective.

All the other drug samples examined were satisfactory with the exception of two supplies of Lime Water, which failed on the B.P. Limit test for chlorides.

Samples of Calcium Hydroxide and Distilled Water from the manufacturer were found to be satisfactory, and it was pretty obvious from the amount of chloride present in the lime water that tap water had been used for making in place of distilled water as required by the B.P.

## BACTERIOLOGICAL SAMPLES.

Bacteriological samples have increased considerably during the last two years, as the following figures show :—

Year .. .. .	1932	1933	1934	1935	1936	1937
No. of Samples ..	561	533	580	517	756	883

The bacteriological samples examined in 1937 constitute about 25 per cent. of the total ; they are summarised in Table O.

A large incubator and steriliser were installed during the year to cope with this development of the work, and are now frequently working to capacity.



### **Milk (see Table E).**

“Tuberculin Tested” and “T.T. (Certified)” Milk are now the highest grades of raw milk, while “Accredited Milk” has taken the place of what was formerly known as “Grade A” Milk. These grades are now examined for their keeping quality by the Methylene Blue Reductase Test, and are not limited as to the number of microbes they may contain, since it is now recognised that a high number of harmless microbes is probably not so objectionable as a less number of more dangerous ones.

The milk is incubated under very precise conditions with a solution of methylene blue. If the blue remains undecolourised for four and a half hours in summer, or five and a half hours in winter, it is considered as evidence that the milk was produced and distributed under cleanly conditions sufficient to warrant its special designation. The test for the presence of *B. Coli* (dung bacillus) is optional. We actually apply it to every sample. Normally, *B. Coli* should be absent from 1/100 ml., two tubes out of three.

### **Shellfish (see Table H).**

The bacteriological technique recommended by the Worshipful Company of Fishmongers was again used. The method detects whether or not the molluscs have been gathered from beds polluted with sewage; and a minimum standard of 60 per cent. cleanliness is recommended if the fish are to be passed for human consumption. Of the 14 samples of oysters examined, 11 were passed as satisfactory. Of the 66 samples of mussels, only 41 were passed.

### **Swimming Bath Waters (see Tables F and G.)**

There is little to add under this heading to what has already been said in previous reports since 1932. Speaking generally, it may be said that a serious effort is now made at all public bathing establishments to keep the water in a safe condition. The processes of filtration, aeration and chlorination go on continuously and it is obvious that besides the reduced risk of spreading infection, the water available for swimmers to-day is very much nicer in appearance and more pleasant to swim in than the “soupy” liquid one so often saw up to a few years ago, when the “fill and empty” principle was employed.

The tables show that, judged by random samples, the baths were generally in a satisfactory condition. With regard to an occasional sample which does not comply with recognised standards, it must be realised that all a disinfectant can do is to reduce the number of germs present and it cannot do that instantaneously. While bathers are continuously entering the water, therefore, the chlorinating process



is comparable to that of baling out a leaking boat, and stands as much chance of making the water sterile as the latter operation has of making the boat dry. Future progress, therefore, must tend in the direction of disinfection of the bathers before they enter the water and so reducing the strain on the purifying processes.

## Drinking Waters.

The importance of an ample supply of water, of a quality beyond reproach, for the public use is obvious. The local water population is now about 400,000 and while about two-thirds of the Leicester water supply comes from the Derwent Valley, the remaining third is pumped from the three reservoirs at Thornton, Cropston and Swithland.

Regular inspection and control of catchment areas, and careful regulation of filtration and chlorination processes by the Water Engineer ensures the comparative purity of the water as finally supplied to consumers. That the water is actually of safe drinking quality (although in fact only a fraction of one per cent. is actually used for drinking purposes) can only be ascertained by chemical and bacteriological examination in the laboratory.

Normally, samples for bacterial test are submitted monthly from the three reservoirs, before and after final treatment. Three samples from the mains at different points are also submitted monthly for chemical examination. In addition, special samples are examined whenever the least abnormality is suspected. Over and above this system of control on behalf of the Water Committee, random samples for all parts of the City are taken by Sanitary Inspectors and submitted for full analysis. Very close contact has always been maintained between this department and the Water Engineer, so that adjustment of any process where it has been deemed necessary has been immediate.

During 1937, 175 samples in all were examined on behalf of the Water Committee and 50 on behalf of the Health Committee. The average bacterial figures obtained on full treated waters were as follow:—

	Swithland.	Cropston.	Thornton.
Total number of organisms per ml. developing on Agar at 20—20°C. in three days . .	5	10	76
Organisms developing at Blood Heat in 48 Hours . .	5	4	27
Probable Number of Coli-Aerogenes organisms in 100 ml. of sample . . . .	Nil.	Nil.	Nil.

Probably the most important single test applied to water samples is that for Coli-Aerogenes organisms, the organisms indicative of sewage contamination, or betraying the presence of faecal matter. The fact that this organism was proved absent from 100 mls. (about four ounces) of every sample of chlorinated water may be taken as the chief criterion of the safety of our local water supply, since under the conditions where this organism does not exist, neither do disease-causing organisms exist, in particular that responsible for typhoid fever.

The comparatively high average number of organisms present in Thornton water is a feature peculiar to that supply and seems to be due in some way to the fact that whereas the chlorine effectively disposes of B. Coli and other more objectionable organisms if present, it renders the organic matter in solution more available for the growth of the hardier saprophytic microbes. These, however, have no sanitary significance.

### FERTILISERS AND FEEDING STUFFS ACT, 1926.

This Act came into force on the 1st July, 1928, and is intended to protect purchasers of substances used for fertilising the soil, and substances used for feeding cattle and poultry.

Facilities provided under the Act for buyers of such commodities do not seem to be made use of in this area, but 13 informal samples were received from Sampling Officers and are summarised in Table I.

#### Basic Slag.

Under the Regulations, samples of this fertiliser must be accompanied by a statement of the amount of phosphoric acid present (expressed as  $P_2O_5$ ), and also by a statement of the fineness of grinding, the latter indicating what percentage of the whole will pass through the prescribed sieve.

Sample No. F.71 had a defective statutory statement, the 21.82 per cent. of phosphoric acid declared present presumably referring to tricalcium phosphate since the sample actually contained less than 10 per cent.  $P_2O_5$ .

Sample No. F.77 was not so fine as stated. Only 70.8 per cent. passed through the prescribed sieve, whereas the amount declared was 80 per cent.

#### Bone Meal.

No. F.81 was not accompanied by the requisite statutory statement; the amounts of nitrogen and phosphoric acid should have been declared.



### **Compound Fertiliser.**

No. F.82, described as "Garden Manure," complied in composition with the declared analysis as regards nitrogen, total phosphoric acid and potash within the limits of variation permitted under the Regulations.

As regards "Phosphoric Acid soluble in water," the sample was deficient of approximately 33 per cent. of the declared amount. In subsequent correspondence, the manufacturer reported that the matter had been investigated, and the probable explanation was that reversion from soluble to insoluble phosphoric acid had taken place, due to one of the ingredients containing a high proportion of calcium carbonate. This would be avoided in future consignments.

### **RAG FLOCK ACT, 1911.**

Six samples of Rag Flock were received during the year. The test for cleanliness is based on an estimation of the amount of soluble chlorine present in the form of chloride. None of the samples infringed the Regulations, but three contained the limiting amount permitted, viz., 30 parts per 100,000.

### **MISCELLANEOUS WORK FOR VARIOUS DEPARTMENTS.**

Samples received under this heading are listed in Table K. Only a few items can be referred to.

#### **Breast Milks.**

Seventy-six samples of human milk were analysed for the Maternity and Child Welfare Department. The samples were submitted in cases where the baby, for no obvious reason, was not making normal progress, or where the psychological effect of seeing a good report of her milk might induce a mother to persevere with breast feeding.

#### **Coroner's Samples.**

Four human organs were received from the Coroner in connection with the death of a child, aged 18 months. Violent convulsions had immediately preceded death, and there was a possibility that the child had had access to some Easton's Syrup Tablets.

The organs were normal in appearance except that the stomach was packed with undigested food, indicating a recent heavy meal unsuitable for a child of that age.



Quinine was found present in the contents, giving presumptive evidence that one or more of the tablets had been taken.

Only a trace of urine was recoverable from the bladder, but this fluoresced strongly under the Ultra Violet Lamp with a blue shade suggestive of quinine.

Working on the majority of the organs submitted (liver, stomach, spleen and intestines), half a grain of total alkaloids was isolated which was mainly quinine. On further separation a residue was obtained, giving reaction for strychnine.

The tablets to which the child had had access were one drachm Easton's Syrup Tablets, each containing  $\frac{4}{5}$ ths of a grain of Quinine Sulphate and  $\frac{1}{60}$ th of a grain Strychnine Hydrochloride.

From the amount of Quinine recovered, it was considered that the child had taken more than one tablet, possibly more than two.

The average fatal dose of strychnine for an adult is 1—2 grains. The minimum recorded fatal dose is a quarter of a grain while  $\frac{1}{60}$ th of a grain (the amount in one tablet) would be sufficient to kill a small dog.

The verdict at the inquest was "Accidental death, due to strychnine poisoning."

### **Miscellaneous Samples.**

The samples of soap, floor polish and disinfectants were examined in connection with hospital supplies.

The Burnt Turkey Umber was submitted as a brown powder intended to be used for making war-like Zulus out of Boy Scouts. It was a mineral pigment consisting mainly of very fine iron oxide, and the opinion was expressed that no skin trouble was likely to arise from its use.

### **Samples submitted by the Public (see Table J).**

Under Section 17 (2) of the Act, 14 samples were received, the same number as in 1936.

The two butter samples both proved satisfactory. In one case, a high flavour caused the purchaser to suspect rancidity, and in the other case, absence of flavour led to the suspicion that margarine had been supplied in place of butter. Analysis proved both samples to be genuine butter.

The salmon was submitted because the purchaser thought that particles of broken glass were present. These, however proved to

be crystals of "Struvite," a form of magnesium ammonium phosphate sometimes found in perfectly wholesome tinned fish.

The puff pastry had simply developed moulds through being kept too long, contrary to instructions on the packet.

The tinned peas, although they looked normal, were very high in acidity and unpalatable. They were probably "Flat sours," and were submitted to the Research Station at Chipping Campden for a report.

One of the milk samples submitted privately contained 37 per cent. added water.

### ATMOSPHERIC POLLUTION.

A special survey of atmospheric pollution in and around Leicester under the aegis of the Atmospheric Pollution Research Committee of the Department of Scientific and Industrial Research was commenced in April, 1937. Interesting and valuable results are expected from this investigation but it may be a matter of a year or so before a report is available.

To help in this research we have handed over our Standard Deposit Gauges to Dr. Meetham, who is in charge of the work, and have limited our own activities on the subject of atmospheric pollution to making those observations required as part of the general survey which can be made at the laboratory in Grey Friars. The laboratory is near the geographical centre of the City, and, judging from previous data, near the focus of pollution for this area. The other sites where observations are being made are situated roughly in two rings round this central position.

At this laboratory we now have the following :—

(a) A volumetric apparatus for measuring the total amount of sulphur dioxide in the atmosphere. Sulphur dioxide as present in the air originates almost entirely from raw coal smoke ; daily determinations of this constituent are made. The year's results are summarised in Table M, which is comparable with the same Table in previous reports.

(b) A lead peroxide candle which measures the active sulphur bodies in the atmosphere as they would attack mortar and building stone. Monthly analyses are carried out in this process and the results are shown in Table N.

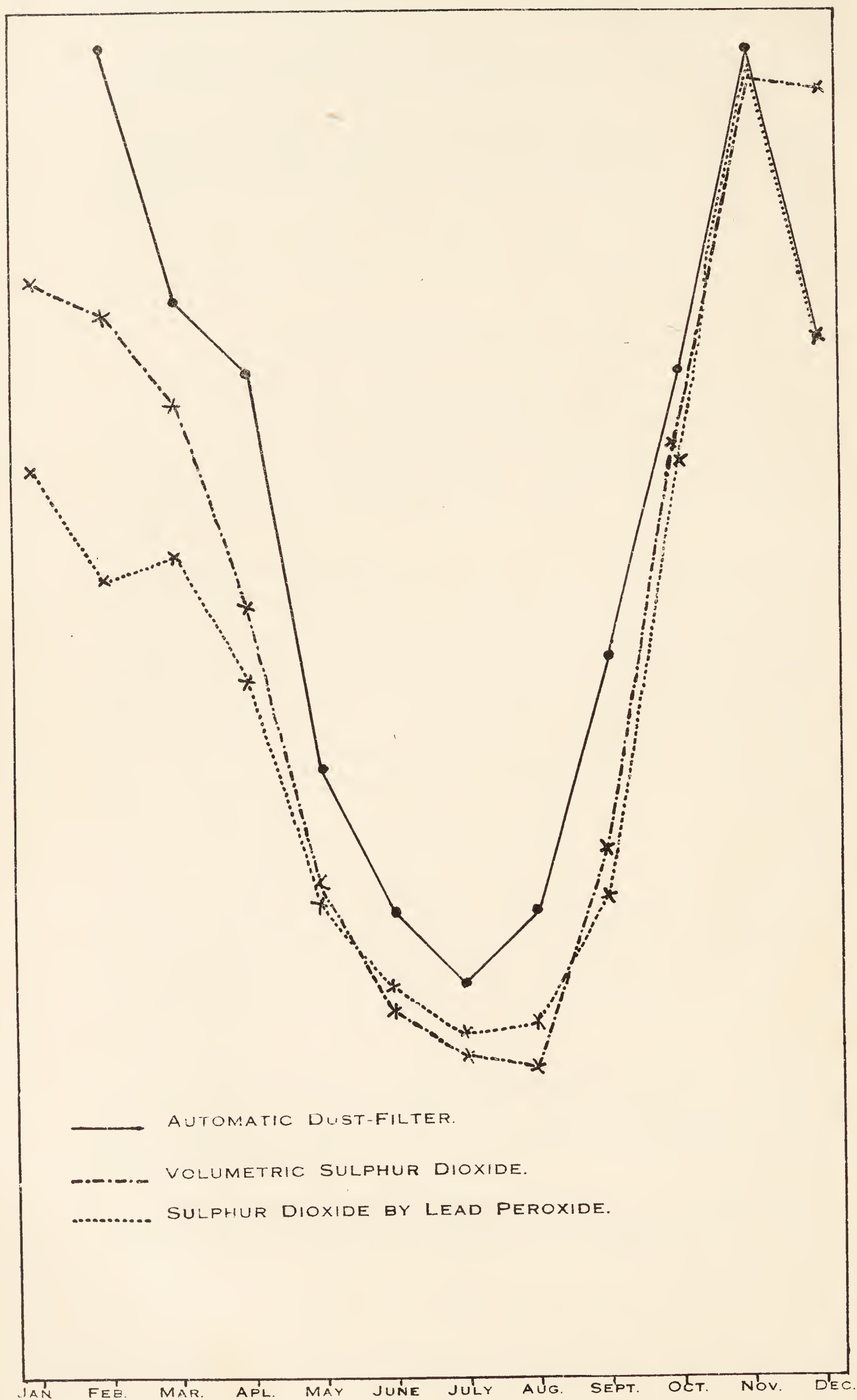
(c) An automatic dust filter which measures the fine suspended matter in the air, filterable by a special grade of blotting paper. This





GRAPH 4

# COMPARISON OF ATMOSPHERIC POLLUTION AT GREY FRIARS BY DIFFERENT METHODS DURING 1937.



THE AUTOMATIC FILTER MEASURES THE DUST IN A GIVEN VOLUME OF AIR.  
THE SULPHUR DIOXIDE (VOLUMETRIC) MEASURES SO<sub>2</sub> BY VOLUME IN THE AIR.  
THE SULPHUR DIOXIDE (LEAD PEROXIDE) MEASURES THE EFFECTIVE CONCENTRATION OF SO<sub>2</sub> AT A SURFACE.

constituent also is derived mainly from coal smoke. By means of the apparatus, which works automatically, hourly readings night and day are obtainable.

Some of the results are given in Table Q.

Chart 4 shows roughly the parallelism of results obtained by the three methods, and indicates that in the centre of the City the polluting material in the atmosphere in winter is from three to four times the amount present in summer.

The hourly observations by the automatic filter prove that pollution is lowest about 3 a.m., shows a definite rise at 6 a.m., and reaches a maximum between 8 and 9 a.m. on weekdays, and at least an hour later on Sundays. A secondary rise also occurs between 6 and 8 in the evenings.

Usually, readings taken during the week-end are considerably lower than those taken at comparable times during the week, and fogs are accompanied by a big rise of sulphur dioxide as well as of suspended matter.

F. S. BULLOCK, B.Sc., F.I.C.,  
City Analyst.

TABLE A.

## Summary of Samples Analysed during 1937.

**Food and Drugs (Adulteration) Act, 1928 :**

Samples submitted by Sanitary Inspectors	1,697
„ „ „ Public .. ..	14
Shellfish .. ..	81
<hr/>	
Total .. ..	1,792

**Fertilisers and Feeding Stuffs Act, 1926 :**

Informal samples submitted by Sanitary Inspectors .. ..	13
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<b>Rag Flock Act, 1911</b> .. ..	6
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<b>Milk (Special Designations) Orders, 1923</b>	625
<b>1934</b>	
<b>1936</b>	

Reference Samples .. ..	7
Atmospheric Pollution Samples .. ..	700

**Miscellaneous Samples for various Committees :**

Health Committee .. ..	324
Water Committee .. ..	175
Education Committee .. ..	2
City Surveyor .. ..	2
Sanitary and Baths Committee .. ..	22
Transport Committee .. ..	4
Mental Hospital Committee .. ..	2
City Farms Committee .. ..	1
Coroner .. ..	6
Miscellaneous (H.M. Prison, etc.) ..	7
<hr/>	

Total .. .. 545

Grand Total .. .. 3,688



TABLE B.

## FOODS ANALYSED DURING 1937

(Sampled under Food and Drugs Act.)

Sample.	No.	Sample.	No.
Butter .. ..	25	Sausage .. ..	25
Margarine .. ..	20	Saveloys .. ..	7
Cream .. ..	22	Polonies .. ..	6
Milk and Cream Cheese ..	7	Tinned Lobster .. ..	3
Ice Cream .. ..	6	Roast Chicken and Ham ..	1
Condensed Milk .. ..	6	Codfish .. ..	1
Milk Cocktails .. ..	6	Tinned Peas .. ..	2
Lard .. ..	17	Dried Peas .. ..	1
Dripping .. ..	13	Tomatoes .. ..	1
Suet .. ..	6	Chutney .. ..	1
Bread .. ..	8	Mixed Pickles .. ..	1
Flour .. ..	6	Coffee .. ..	15
Puff Pastry .. ..	2	Tea .. ..	14
Biscuits .. ..	6	Cocoa .. ..	13
Sponge Cake .. ..	9	Pepper .. ..	8
Cream Buns .. ..	3	Mustard .. ..	4
Tapioca .. ..	8	Cider .. ..	3
Sago .. ..	1	Beer .. ..	10
Potato Crisps .. ..	6	Herb Beer .. ..	1
Baking Powder .. ..	6	Aerated Waters .. ..	12
Jam and Marmalade .. ..	24	Wines .. ..	6
Dried Fruit .. ..	24	Spirits .. ..	12
Sugar .. ..	30	Vinegar .. ..	6
Barley Sugar .. ..	6		
Mints .. ..	17		
Jelly .. ..	6		
Potted Meat .. ..	24		
		Total .. ..	467

**TABLE C.**  
**Milk Samples reported "Not Genuine."**  
(For action taken see page 239.)

No.	Sample.	Nature of Deficiency.
223	Informal	6% deficient Fat
224	"	8% added water
225	"	8% " "
1850	Formal	20% deficient Fat
281	Informal	10% " "
1285	Formal	6% added water
1291	"	5% " "
1292	"	5% " " "
2018	Informal	3.5% " "
1968	Formal	11% " "
1322	"	5% " "
2037	Informal	8% deficient Fat
2304	"	8% added water
2305	"	13% " "
1381	"	4% " "
1384	"	3% " "
1385	"	11% " "
1386	"	4.5% " "
1387	"	4.5% " "
2064	"	8% deficient Fat
2073	"	5% " "
2361	"	4% added water
2362	"	22% " "
1514	"	10% deficient Fat
1516	"	5% " "
1526	"	10% " "
1533	"	6% " "
1736	Formal	5% " "
1560	Informal	3% " "
1562	"	5% " "
1563	"	8% " "
1569	"	4% " "
1796	Formal	9% " "
1577	Informal	11% " "
1579	"	5% " "
1592	"	15% " "
1669	"	7% added water
1679	"	7% " "
S65	Private	37% " "
S66	"	0.02% metal turnings
1366	Informal	6% deficient Fat

TABLE D.

## Defective Samples other than Milk and Shellfish.

(For action taken see page 239).

No.	Description.	Sample.	Nature of Defection.
<b>Drugs.</b>			
376	Camphorated Oil	Informal	16% deficient of Camphor
1347	Tincture of Iodine	„	7.2% deficient Iodine, and 16.6% excess Potassium Iodide
1247	Lime Water	„	Made with tap water instead of distilled water
1248	„	„	„ „
1528	Ammoniated Tincture of Quinine	„	31% deficient Ammonia
1555	„	Formal	„ „
<b>Foods.</b>			
1931	Black Currant Jam	Informal	24% of fruit instead of 30%
1932	„	„	71 p.p.m. Sulphur Dioxide
1949	„	Formal	5% deficient fruit
1988	„	„	20% „ „
2340	„	Informal	30% „ „
2387	„	Formal	33% „ „
371	Mints	Informal	1,196 p.p.m. Sulphur Dioxide
397	„	Formal	1,230 „ „
1202	„	Informal	1,400 „ „
1203	„	„	1,350 „ „
1205	„	„	384 „ „
1213	„	Formal	422 „ „
1214	„	„	1,430 „ „
1215	„	„	1,340 „ „
1821	Butter	Informal	0.021% Boric Acid
2389	Margarine	„	Incorrect labelling
1941	Lard	„	1.5% free fatty acid
1361	Dripping	„	2.5% „ „
1632	Milk & Cream Cheese	„	Made from 50% skimmed milk
1689	„ „	Formal	Fat only 17% total solids
1894	Potted Beef	Informal	74.3% water
1895	„	„	74.0% „
1360	Sausage	Informal	200 p.p.m. Sulphur Dioxide undeclared
1366	„	„	316 „ „
1369	„	„	0.06% Boric Acid



TABLE D.—*continued.*

No.	Description.	Sample.	Nature of Defection.
1896	Sausage	Formal	310 p.p.m. Sulphur Dioxide undeclared
1898	„	„	0.08% Boric Acid
1619	„	Informal	648 p.p.m. Sulphur Dioxide undeclared
1620	„	„	780 „ „
1628	„	Formal	572 „ „
1586	„	Informal	No preservative present although declared
1792	Saveloys	„	85 p.p.m. Sulphur Dioxide
1909	Beer	„	112 „ „
2289	Lemon Pop	„	6.3% proof spirit
2341	Malt Vinegar	„	25% Malt Vinegar, 75% Artificial Vinegar
2342	„	„	13% Malt Vinegar, 82% Artificial Vinegar and 5% Water
2343	„	„	20% Malt Vinegar, 70% Artificial Vinegar, and 10% Water
556	Tinned Lobster	„	parts contained 3.1 grain per lb. tin
557	„ „	„	parts contained 1.3 grain per lb. tin
498	Chutney	„	Surface contamination
2400	Mixed Pickles	„	Infected with yeast
1241	Cocoa	„	Mouldy
1800	Roast Chicken & Ham	„	Bacterial decomposition
S67	Tinned Peas	Private	Flat Sour
1401	Cod Fish	Informal	Infected with maggots
1409	Dried Apples	„	Grubs and excrement

TABLE E.

Result of Bacterial Examination of Milk, 1937

Grade.	Total No. examined.	Passed as satis- factory.	No. failed Methylene Blue Test.	Total count too high.	B. Coli too numerous.	% satisfactory	
						1937	1936
Tuberculin Tested and Tuberculin Tested (Certified) .. .. .	112	102	5	—	8	91	81
Accredited .. .. .	126	103	8	—	20	82	93
Tuberculin Tested (Pasteurised) ..	70	54	—	16	—	77	100
Pasteurised .. .. .	156	145	—	11	(4) (present in .001)	93	91.5
School Milks (Pasteurised) .. ..	146	139	—	7	(6) (present in .001)	95	88.5
Sterilised .. .. .	6	6	—	—	—	100	100
Miscellaneous (Bottled and Raw) ..	6	6	—	—	—	100	58
Accredited Applications .. .. .	3	3	—	—	—	100	72.5
Total .. .. .	625	558	13	34	28 (38)	89.3	85

**TABLE F.**  
**Swimming Bath Waters Examined during 1937.**

Bath	Period	No. examined	No. of satisfactory bacter. quality	Unsatisfactory			% passed as bacterially satisfactory
				Count too high	B. Coli too numerous	excessive chlorine	
Aylestone ..		8	7	1	1	2	88
Spence St. ..		8	6	2	1	1	75
Cossington St.		8	6	2	2	—	75
Bath Lane ..		6	5	1	1	—	83
Vestry St. ..		16	16	—	—	—	100
Total (Corporation Baths)		46	40	6	5	3	87
Kenwood ..		8	8	—	—	—	100
Humberstone Lido ..		8	7	1	—	—	88
Wyggeston Boys' School		6	3	3	2	—	50
Bede House ..		4	0	4	4	—	Nil.
Total (All Baths) ..		72	58	13	11	3	8.05

**TABLE G.**  
**Summary of Results from Corporation Baths during last 6 years.**

Year.	1932	1933	1934	1935	1936	1937
Number of samples ..	90	77	51	41	45	46
% satisfactory .. ..	43	54.5	74	90	78	87

**TABLE H.**  
**Shellfish Examined during 1937.**

Sample	Total No. examined	Total No. satisfactory	% Clean										
			Condemned.						Passed				
			0	10	20	30	40	50	60	70	80	90	100
Oysters ..	14	11	—	—	—	2	1	—	—	—	5	3	3
Mussels ..	66	41	3	5	1	5	6	5	12	9	8	8	4
Miscellaneous	1	1	—	—	—	—	—	—	—	—	—	—	1
Total ..	81	53	3	5	1	7	7	5	12	9	13	11	8



TABLE I.

Fertilisers and Feeding Stuffs Analysed under the  
Fertilisers and Feeding Stuffs Act during 1937.

Sample	Number	Number Unsatisfactory.		
		Composi- tion Incorrect	Statutory Declara- tion Defective	Total
Basic Slag .. ..	5	1	1	2
Ammonium Sulphate ..	3	—	—	—
Bone Meal .. ..	3	—	1	1
Compound Fertilisers ..	2	1	—	1
Total .. ..	13	2	2	4

TABLE J.

Samples Submitted by Members of the Public.

Jam .. .. .	1
Butter .. ..	2
Milk .. .. .	4
Salad Cream ..	1
Salmon .. ..	2
Puff Pastry ..	1
Polony .. ..	1
Tinned Peas ..	2
	—
Total .. ..	14
	—

TABLE K.

## Miscellaneous Samples Examined for Various Departments

Health Department.				Water Department.			
Rainwater	..	..	12	Water (Chemical)	..	..	47
Sulphur Cylinders	..	..	44	(Bacterial)	..	..	83
SO <sub>2</sub> observations	..	..	369	(Biological)	..	..	43
Automatic Filter Readings			275	Tank Deposit	..	..	2
			—				—
Total	..	..	700				175
Waters (Chemical)	..	..	28				—
(Bacterial)	..	..	22	City Surveyor.			
(Bath)	..	..	72	Fertilisers	..	..	2
Milks (Breast)	..	..	76				
(Goats')	..	..	1	Sanitary and Baths Committee.			
(Chemical)	..	..	48	Fertilisers	..	..	18
(Bacterial)	..	..	1	Bath Waters	..	..	4
Dates	..	..	1				—
Fish	..	..	1				22
Haggis	..	..	1				—
Chicken Breast	..	..	1	City Farms Committee.			
Table Vinegar	..	..	1	Milk	..	..	1
Gelatine	..	..	3				
Lime	..	..	1	Mental Hospital.			
Lime Water	..	..	1	Milk	..	..	2
Adrenaline	..	..	1				
Urine	..	..	9	Education Department.			
Cricket Powder	..	..	1	Milk	..	..	2
Disinfectants	..	..	9				
Soap	..	..	35	Transport Department.			
Soda	..	..	2	Oils	..	..	4
Floor Polish	..	..	7				
Spike Lavender Oil	..	..	1	Coroner.			
Burnt Turkey Umber	..	..	1	Human Organs	..	..	5
			—	Tablets	..	..	1
			324				
			—	Miscellaneous.			
Total	..	..	1024	Waters	..	..	5
			—				

TABLE M.

## ATMOSPHERIC POLLUTION.

Volumetric Method of Estimating Sulphur Dioxide Content of Air.  
Average daily readings per month at Grey Friars, 1937.

Results expressed as parts per million of SO<sub>2</sub> by volume.  
See Chart.

Month.	Number of deter- minations.	SO <sub>2</sub> in p.p.m. by volume.		
		Average monthly figure.	Highest.	Lowest.
January ..	31	0.112	0.230	0.052
February ..	28	0.099	0.150	0.040
March .. ..	34	0.102	0.202	0.026
April .. ..	31	0.086	0.157	0.035
May .. ..	30	0.059	0.147	0.028
June .. ..	30	0.049	0.083	0.025
July .. ..	31	0.043	0.070	0.020
August ..	31	0.044	0.080	0.020
September ..	30	0.062	0.129	0.030
October ..	31	0.114	0.405	0.027
November ..	30	0.165	0.338	0.061
December ..	31	0.131	0.294	0.059

TABLE Q.

## ATMOSPHERIC POLLUTION.

Automatic Filter Method for Estimating Dust Content of Air.  
Average hourly readings per month at Grey Friars, 1937.

Results expressed in mgms. of dust per cubic metre of air.  
See Chart.

Jan.	Feb.	March	April	May	June
—	0.37	0.30	0.28	0.17	0.13
July	August	Sept.	Oct.	Nov.	Dec.
0.11	0.13	0.20	0.28	0.37	0.29



TABLE N.

ATMOSPHERIC POLLUTION:

Lead Peroxide Method for SO<sub>2</sub>. Average Monthly Figures for 1937.  
Results expressed in mgms. of SO<sub>3</sub> per 100 sq. cm. per day.

Station.			Grey Friars.*	Bentley's (nr cricket ground)	Central Av.	Town Hall.	Mental Hosp.	Aero-drome.
January	..	..	4.06	3.33	0.68	4.34	1.65	0.93
February	..	..	3.96	3.51	1.03	4.26	2.10	1.18
March	..	..	3.64	3.21	0.83	3.70	1.41	1.12
April	..	..	2.87	2.53	0.81	Stations either closed or handed over to Department of Scientific and Industrial Research.		
May ..	..	..	1.82	1.87				
June ..	..	..	1.37	1.72				
July ..	..	..	1.21	1.35				
August	..	..	1.16	1.31				
September	..	..	1.97	2.37				
October	..	..	3.47	2.67				
November	..	..	4.81	3.35				
December	..	..	4.29	4.20				

\* See Chart.

TABLE O.

Summary of Samples Examined by Bacteriological Methods  
in 1937.

Milk (classified in Table E)	..	..	..	479
Pasteurised Milk as supplied to Schools	..	..	..	146
Reservoir Waters (for Water Committee)	..	..	..	84
Drinking Waters (for Health Committee)	..	..	..	21
Bath Waters (for Health Committee, Table F)	..	..	..	72
Shellfish (for Health Committee, Table H)	..	..	..	81
Total	..	..	..	883

TABLE P.

Samples of Pasteurised Milk examined by the Phosphatase Test.

Dairy	No. Examined	No. giving less than 2.3 Blue Units= efficiently pasteurised	% of Total.	No. giving 2.3—6.3 Blue Units=some error in pasteurisation	% of Total.	No. giving more than 6.3 Blue Units =serious error in pasteurisation	% of Total
A.	11	7	63.5	4	36.5	—	—
B.	36	10	27.8	21	58.4	5	13.8
C.	92	31	33.7	48	52.2	13	14.1
D.	92	37	40.2	50	54.4	5	5.4
E.	36	12	33.3	19	52.8	5	13.9
F.	14	1	7.2	8	57.2	5	35.6
Total	281	98	34.9	150	53.4	33	11.7
Dairy C. also produced T.T. (Pasteurised) Milks. Results as follow :—							
C.	62	29	46.8	29	46.8	4	6.4
Grand Total	343	127	37.1	179	52.2	37	10.7





# Report on the Sanitary Inspection Department

for the year 1937.

By

F. G. McHUGH, M.R.San.I.,  
Chief Sanitary Inspector.

With foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

The report of the Chief Sanitary Inspector on the work of his Department for the year 1937, which follows this note, outlines, mainly in statistical form, the enormous volume of preventive health work which the Inspectors carry out.

In my report for 1936 I commented on the unsatisfactory position as regards the slaughter of animals for food on Sundays. During 1937, the Markets Committee has had the matter under consideration and a considerable improvement has been effected. Details will be found in the following report. It should, however, be noted that no real improvement of a lasting character can be expected until the erection of a new abattoir. It is a matter of regret that little progress appears to have been made during 1937 in this respect.

A foodstuff which has given the department considerable trouble during the year is mussels. Numerous samples have been taken, and in a large number of instances they have been found to be heavily contaminated with sewage. It is perfectly possible to grow shellfish under conditions which render them entirely suitable for food and free from contamination. Large quantities of these fish have had to be destroyed because of the unsatisfactory reports of the Analyst.

Finally, I would like to draw special attention to that section of the report dealing with the Shops Acts. The year 1937 was the first complete year during which work under the Shops Acts, 1934, had been carried out.

It is satisfactory to note that "the opposition and antagonism met with at the beginning is now giving place to a working co-operation between employers and Inspectors."

In general, the condition of the shops in the City appears to be satisfactory, but a certain number of notices has had to be served and conditions improved.

When work under the Shops Acts has become more a matter of routine and less, as it has been during the past year, a matter of working new ground, it is hoped to direct attention to another department in the City life which urgently requires consideration, namely, the state of affairs in offices, which undoubtedly is often very unsatisfactory.

# Report of Chief Sanitary Inspector

for the year 1937.

## STAFF.

The sanitary inspection staff consists of a Chief Inspector, a deputy Chief Inspector and 27 Inspectors.

In January, Mr. Arthur Gordon Watkin of Chester was appointed a District Sanitary Inspector in place of Mr. T. H. Evans who left to take up a post at Stoke-on-Trent.

The clerical staff consists of a Chief Clerk (male), two male clerks, three shorthand typists (female), a telephonist (female), and a uniformed messenger ; the services of the two latter are shared.

The above include a shorthand typist appointed to the permanent staff in March, in place of a temporary typist, and an additional male clerk appointed in May.

The services were dispensed with in February of all the temporary clerks employed for the purpose of making a survey of the overcrowding conditions in the city.

Several of your Inspectors attended a course arranged primarily for Sanitary Inspectors at the College of Technology in "Sanitary Science as applied to Buildings and Public Works," during the winter session 1937-38.



## SYNOPSIS OF SANITARY INSPECTION WORK.

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations .. ..	187	—	187
Agricultural Produce (Grading and Marking) Act .. ..	12	—	12
Re Animals, Poultry, Swine, etc.	48	—	48
Ashpits and Ashbins .. ..	98	—	98
Bakehouses—Factory .. ..	133	6	139
Non-Factory .. ..	100	—	100
Canal Boats .. ..	29	—	29
Cesspools .. ..	71	—	71
Closets—Water .. ..	3587	175	3762
Privies .. ..	28	—	28
Pails .. ..	44	—	44
Cold Stores .. ..	123	—	123
Common Lodging Houses—Day	59	—	59
Night	—	—	—
Complaints Received .. ..	2404	1838	4242
Complaints Confirmed .. ..	1676	4857	6533
Cowsheds .. ..	346	—	346
Dairies and Milkshops .. ..	781	—	781
Dangerous Structures .. ..	66	—	66
Drains Inspected—Smoke Tests	1942	195	2137
Chemical Tests	20	—	20
Colour Tests	167	—	167
Drains Inspected .. ..	4280	4388	4668
Ditches and Watercourses .. ..	31	—	31
Entertainment Houses .. ..	12	—	12
Factories .. ..	203	—	203
Fish Frying Premises .. ..	92	—	92
Food Manufacturing Premises .. ..	250	—	250
Food Warehouses .. ..	428	—	428
Houses re Contagious Disease .. ..	960	—	960
Houses re Contagious Disease			
Contacts .. ..	387	—	387
Houses re Disinfection .. ..	313	—	313
Houses re Overcrowding .. ..	255	—	255
Houses re Vermin .. ..	368	—	368
Housing Acts—Houses .. ..	1355	3964	5319
Other Buildings	69	—	69
Housing Acts (Slum Clearance) :			
Section 25—Houses .. ..	917	455	1372
Other Buildings .. ..	—	3	3
Section 11—Houses .. ..	128	573	701
Special Visits .. ..	768	121	889
Houses Let in Lodgings—Day .. ..	72	—	72
Hotel and Restaurant Kitchens .. ..	20	—	20
Ice Cream Premises .. ..	95	—	95
Markets—Cattle .. ..	19	—	19
Retail Meat .. ..	483	—	483
Fish and Fruit .. ..	566	—	566
Wholesale Fish and Fruit	497	—	497
Wholesale Meat .. ..	1170	—	1170
Wholesale Tripe .. ..	20	—	20
Carried forward	25579	16575	42152

	Inspections. Re-inspections.		Total.
Brought forward	25579	16575	42154
Meeting with Owner or Tradesman	3523	—	3523
Merchandise Marks Act .. ..	425	—	425
Offensive Trade Premises .. ..	102	—	102
Piggeries .. .. .	51	—	51
Shops—Meat .. .. .	1176	—	1176
Fish .. .. .	205	—	205
Fruit .. .. .	242	—	242
Other Food Shops .. .. .	944	—	944
Shops Acts .. .. .	2299	1913	4212
Slaughterhouses—Corporation .. ..	534	—	534
Private .. .. .	5804	—	5804
Schools .. .. .	67	—	67
Smoke Observations .. .. .	414	—	414
Special Visits re Smoke .. .. .	271	—	271
Special Visits .. .. .	4566	—	4566
Sewers, etc. .. .. .	122	—	122
Street Gullies .. .. .	12	—	12
Streets or Back Roads .. .. .	23	—	23
Stables .. .. .	72	—	72
Tips .. .. .	38	—	38
Urinal—Public .. .. .	65	—	65
Private .. .. .	43	—	43
Van Dwellings .. .. .	122	—	122
Workshops and Workplaces (excluding Bakehouses) .. .. .	415	—	415
Yards and Courts .. .. .	470	—	470
Grand Totals .. .. .	47584	18488	66072

Notices—Served	—Informal	..	..	..	1696
	—Formal	..	..	..	70
Complied with	—Informal	..	..	..	1169
	—Formal	..	..	..	25
Samples—Food and Drug Acts	..	..	..	..	1697
Water .. .. .	..	..	..	..	25
Bacteriological .. .. .	..	..	..	..	616
Shell Fish .. .. .	..	..	..	..	81
Milk for T.B. .. .. .	..	..	..	..	176
Rag Flock Act .. .. .	..	..	..	..	6
Fertiliser and Feeding Stuffs Act	..	..	..	..	13

## CANAL BOATS.

The whole of the “available” boats on the register, viz., 51, are “Narrow” boats. Twenty-nine boats were inspected during the year, these were occupied by 36 males, 24 females, and 16 children over five years, and 13 children under five years.

The condition of the boats was clean and satisfactory.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY.

	Cesspools.	Privies.	Pail Closets.	Chemical Closets.
No. remaining December, 1936 .. .. .	162	2	145	3
No. abolished during year 1937 .. .. .	9	2	4	—
No. remaining December 1937 .. .. .	153	—	141	3

### DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 1,288. The number of houses or parts of houses disinfected was 2,186.

The above figures include clothing, bedding, &c., from 6 houses which were found to be in a verminous condition.

### DISINFESTATION

Particulars in accordance with Circular 1561 of action taken for the eradication of bed bugs.

1. (a) The number of Council houses found to be
  - (i) infested—200.
  - (ii) disinfested—200
 (b) The number of council houses found to be
  - (i) infested—535
  - (ii) disinfested—535
2. The methods employed for freeing infested houses from bed bugs are as follow :—
  - (a) In the case of Council houses and other houses in active occupation the method was by Sulphur Candles and Insecticide Spray.
  - (b) In the case of houses previous to demolition, in 764 instances Hydrogen Cyanide was used, and in 63 instances Insecticide Spray, as fumigation with Hydrogen Cyanide was impracticable.
3. The methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council houses are as follows :—
 

Fumigation with Hydrogen Cyanide in all cases where removal is from slum clearance property. No action in other cases.



4. The work of disinfestation is carried out by a contractor employed by the Local Authority.

### PUBLIC HEALTH ACT, 1936.

Filthy or verminous premises or articles, and verminous persons.

Seventeen cases were dealt with where persons were infested with body lice.

The persons were given a bath at a Public Assistance Dept. Institution and in the meantime their clothes and beds were treated in a steam disinfecter and their bedrooms fumigated with sulphur dioxide.

Twelve of these cases were men from other towns attending a Ministry of Labour Training Centre in Leicester and four were from Common Lodging Houses and one was an aged man living under very insanitary conditions.

### DRAINS.

#### Voluntary Cleansing of Stopped Drains by Health Department.

Sixty-four drains were attended to and of these 58 were unstopped immediately. In the remaining 6 cases the owners' attention had to be called to them.

### ADMINISTRATION OF FACTORY AND WORKSHOP ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

#### 1.—Inspection of Factories, Workshops and Workplaces.

Premises.  (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories .. ..	203	13	—
Workshops .. ..	415	—	—
Total .. ..	618	13	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.  (1)	Number of Defects.		Number of Prosecutions.  (4)
	Found. (2)	Remedied. (3)	
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	11	9	—
Want of Ventilation ..	7	5	—
Overcrowding .. ..	—	—	—
Other Nuisances .. ..	1	1	—
Sanitary Accommodation Insufficient .. ..	7	5	—
Offences under the Factory and Workshop Act ..	—	—	—
Total .. ..	26	20	—

3.—Home Work.

The number of lists received from employers was as follows: —

	Twice in the year		Once in the year	
	Lists.	Outworkers.	Lists.	Outworkers
Wearing Apparel (making)	33	394	12	225

4.—Other Matters.

CLASS (I).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshop Acts  
(S. 133, 1901) .. .. . None

Action taken in matters referred by H.M. Inspector as remediable under The Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	{	Notified by H.M. Inspector	26
		Reports (of action taken) sent to H.M. Inspector	26

Underground Bakehouses (S. 101) in use at the end of the year 1

## IMPROVEMENTS TO HOUSES.

No. of  
Houses.

Separate internal water supply in place of taps in common yards .. .. .	73
Additional water closets .. .. .	184
Houses formerly with common yards and common sanitary conveniences, which have now been provided with separate yards, separate sanitary conveniences, coalhouses, pantries, internal sinks, taps, &c. .. .. .	243

## HOUSING ACTS 1930 AND 1936.

Removals from Clearance Areas: Nos. 2 (Green Street) C.P.O., 9 (St. Mark's Street and Grove Street) C.P.O., 17 (Bow Street), 25 (Acton Street), 27 (Dryden Street) C.O. and C.P.O., 29 (Lee Street) C.O. and C.P.O., 30 (Fleet Street No. 3 ) C.P.O., 31 (Eldon Street) C.P.O., 32 (Belgrave Gate), 33 (Camden Street), 35 Gravel Street C.P.O., 36 (Burley's Lane) C.P.O., 39 (Orchard Street), 40 (Arch-deacon Lane), 41 (Foundry Lane), 43 (Bath Street), 44 (Dyers' Yard), 45 (Park Street), 46 (Jones' Yard, Grange Lane), 47 (Bonner's Lane), 48 (Thornton Lane), 49 (Northgate Street No. 1), 50 (Palmer Street, No. 1), 51 (Palmer Street, No. 2), 52 (Navigation Street) C.O. and C.P.O., 53 (Lower Brown Street, No. 1), and 54 (Lower Brown Street, No. 2), to Northfields and Braunstone Estates.

No. of families re-housed.	No. of persons re-housed.	No. of new houses used for re-housing.
Sec. 25. 730	2,631	730
Sec. 11. 30	94	30

## FOOD SUPPLIES—SUPERVISION OF.

The whole of the Sanitary Inspectors on the staff, twenty-nine in number, are qualified Inspectors of Meat and Other Foods and they all take a part in the supervision of the food supplies of the city.

Routine inspections were carried out at our Markets during the times they were held and no special difficulties have been encountered.

### Control of Slaughtering done at Cattle Market.

The supervision of the slaughtering operations carried out at the Corporation slaughterhouses at the Cattle Market has not in the past been complete or satisfactory owing to the area occupied by these slaughterhouses being open at all times to any who chose to come and go.



Members of the public including children also had free access and they congregated around the slaughterhouses when slaughtering was being done.

Certain specific cases having been reported of the slaughter of animals and the removal of carcasses contrary to the Public Health (Meat) Regulations 1924, the Health Committee made a request to the Markets Committee to have a barrier constructed so that the Slaughterhouse Area could be brought under proper control and the hours of slaughter restricted, and this was agreed to.

Consultations were held with the butchers concerned and slaughtering hours were fixed as follows :—

Sunday	..	open at 6 a.m.	close at 2 p.m.
Monday	..	„ 6 a.m.	„ 8 p.m.
Tuesday	..	„ 6 a.m.	„ 7 p.m.
Wednesday	..	„ 6 a.m.	„ 8 p.m.
Thursday	..	„ 6 a.m.	„ 5 p.m.
Friday	..	„ 7 a.m.	„ 4 p.m.
Saturday	..	„ 6 a.m.	„ 2 p.m.

It was necessary for the Corporation to make fresh agreements with their tenants and the new arrangements were made, including the erection of substantial iron gates across the Aylestone Road entrance to the slaughterhouses, by April, 1938. The gates are to be closed each day one hour after the hours of slaughtering.

## SUMMARY OF FOODSTUFFS CONDEMNED.

TABLE A.

			Tons.	Cwts.	Qrs.	Lbs.
Meat	..	..	111	4	0	0
Fish	..	..	22	6	0	14
Fruit	..	..	7	0	0	26
Vegetables	..	..	11	14	1	18
Rabbits	..	..	..	..	1,337	
Preserved Foods (Tinned Goods)	..	..	..	..	8,754	
Poultry	..	..	..	..	301	
Eggs	..	..	..	..	2,355	
Hares	..	..	..	..	38	
Oysters	..	..	..	..	287	
Crabs	..	..	..	..	910	
Fruit Jellies	..	..	..	..	60	
Ham	..	..	..	..	20 lbs.	
Pickles	..	..	..	..	21 jars	

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

		Tons.		Cwts.		Qrs.		Lbs.	
British Meat		..	90	5	2	6			
Imported Meat		..	—	11	1	26			
British Offal		..	20	1	2	19			
Imported Offal		..	—	5	1	5			
Total Weight		..	111	4	0	0			

		British Meat.				Imported Meat.				British Offal.				Imported Offal.			
		Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Shops .. .. .		—	1	—	16	—	1	1	3	—	—	—	16	—	—	—	—
Private Slaughterhouses ..		18	14	3	15	—	—	—	—	4	16	3	15	—	—	—	—
Cattle Market .., ..		70	8	3	25	—	—	—	—	15	3	3	12	—	—	—	—
Cold Stores .. ..		—	16	1	2	—	—	—	—	—	—	1	20	—	—	—	—
Retail Market .. ..		—	4	1	4	—	—	—	—	—	—	1	2	—	—	—	—
Wholesale Market ..		—	—	—	—	—	10	—	23	—	—	—	—	—	5	1	5
(Imported) .. ..																	
Totals .. ..		90	5	2	6	—	11	1	26	20	1	2	19	—	5	1	5

TABLE C.  
Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.			
	Tons.		Lbs.		Tons.		Lbs.		Tons.		Lbs.		Tons.		Lbs.	
	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.	Cwts.	Qrs.
Tuberculosis	31	8	3	25	30	9	2	16	15	1	3	2	77	0	1	15
Other defined Diseases	23	4	3	23	5	13	1	24	5	5	0	22	34	3	2	13
Totals	54	13	3	20	36	3	0	12	20	6	3	24	111	4	0	0

TABLE D.  
Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases)
4971	2489	7460

Number of healthy Carcases examined not available.

TABLE E.  
Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Sheep.	Pigs.	Total.
Number of Carcases affected	1797	4	2	3168	4971
Number of entire Carcases rejected	102	2	2	35	141



TABLE F.  
Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis ..	2	60	17	23	2	2	-	35	141
Other defined diseases ..	-	46	10	10	26	198	15	67	372
Totals ..	2	106	27	33	28	200	15	102	513

TABLE G.  
Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Tuberculosis .. ..	141	3536	1294	4971
Other defined diseases ..	372	419	1698	2489
Totals .. ..	513	3955	2992	7460

TABLE H.  
Total number of Carcases, parts of Carcases and Offal condemned in :—

	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Corporation Slaughterhouses (including Co-operative Society Slaughterhouse at Cattle Market) .. ..	339	3462	2299	6100
Private Slaughterhouses ..	168	411	640	1219
Shops, Markets and other Premises .. ..	6	82	53	141
Totals .. ..	513	3965	2992	7460

TABLE I.

Tabulated List of other defined Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Lymphadenitis Caseous	-	-	-	-	1	-	-	1
Dropsy ..	8	2	3	2	132	5	-	152
Fever—Acute	12	-	-	3	12	-	12	39
Joint Ill..	-	-	-	2	-	-	-	2
Pneumonia	1	1	1	1	-	-	1	5
Decomposition	1	-	-	1	2	-	5	9
Emaciation	5	-	1	-	21	3	1	31
Asphyxia	-	-	-	-	2	1	3	6
Dead Animals	1	1	-	3	25	2	28	60
Immaturity	-	-	-	10	-	4	-	14
Bruising—Extensive	-	-	1	-	2	-	1	4
Black Leg	-	-	-	1	-	-	-	1
Septic Metritis	7	-	-	-	-	-	-	7
Septicæmia	3	3	1	1	1	-	1	10
Johnnes' Disease	4	3	3	-	-	-	-	10
Jaundice	1	-	-	2	-	-	-	3
Swine Erysipelas	-	-	-	-	-	-	14	14
Swine Fever	-	-	-	-	-	-	1	1
Uræmia ..	1	-	-	-	-	-	-	1
Mastitis	1	-	-	-	-	-	-	1
Actinomycosis ..	1	-	-	-	-	-	-	1
Total ..	46	10	10	26	198	15	67	372

**Inspection of Dairy Cows.**

I am indebted to Mr. G. Durrant, Chief Veterinary Officer of the Leicestershire County Council, for the following information.

“The following veterinary services were performed for the Leicester City Council during the period from 1st January to 31st December, 1937.

**Milk and Dairies (Consolidation) Act, 1915.**

“Four Reports notifying the presence of tubercle bacilli in samples of milk produced in the City were received during the year under Section 4 of the above Act. The details are as follow :—

Date of investigation 1937	Where milk produced	Cows re- moved after original sample taken	Cows examined		Tuberculous cows found	
			In milk	Dry	Udder	Others
(1) 10 July	Glenfield	20	10	1	—	—
(2) 11 Oct.	Thurmaston	3	25	—	1	—
(3) 15 Oct.	Braunstone	1	21	1	—	—
(4) 10 Nov.	Evington	78	34	—	2	—

“Eleven individual and 12 bulk samples of milk were taken from all the milking cows on the above premises and examined microscopically. Three individual samples were found to contain tubercle bacilli. The remaining 20 were submitted to biological tests and found to be negative.

“In the case of No. 1 (Glenfield) 20 cows had been removed into the County when an examination of these animals revealed the presence of three tuberculous cows.

**Milk (Special Designations) Order of 1936.**

Fifteen visits were made to four farms licensed to produce “Accredited” milk ; 425 cows in milk and 18 dry cows, a total of 443, examined. The general standard of health was very good. Eight cows were found to be suffering from mastitis. Five samples of milk were taken from individual cows and examined microscopically but no tubercle bacilli were found.

“During the year a licence to produce “Tuberculin Tested” milk was granted to one of the Accredited producers included in the above figures and one visit was made to this herd after it became “Tuberculin Tested.” Twenty-nine cows in milk and one dry cow were examined ; one cow was found with mastitis.



**Milk and Dairies Order, 1926.**

“There were 18 producers of ungraded milk and 37 visits have been made to their premises when 706 cows in milk and 87 dry cows, a total of 793, were examined. One cow was found to be suffering from tuberculosis of the udder and one cow from tuberculosis with chronic cough. Seventeen cows had mastitis. Samples of milk were taken from 16 animals and examined microscopically. In one instance tubercle bacilli were found and the remaining samples were negative.”

**Milk Traders—Licensing and Registration.**

		Number	Number refused	Number granted
<b>Milk and Dairies Order 1926.</b>	Application for registration of premises as “dairies”	5	3	2
	Application for registration of persons as “dairymen”	43	—	43
<b>Milk (Special Designations) Order 1936.</b>	Applications from cow-keepers to use designation “Accredited”	4	—	4

**SAMPLING.**

**Samples of water taken during 1937.**

	Chem.	Bac.	
Leicester mains .. .. .	8	10	
Well waters .. .. .	12	9	
Miscellaneous samples taken when investigating nuisances ..	5	3	(From Milk Bottle washing plant).
Totals .. .. .	25	22	

**Foods and Drugs (Adulteration) Act.**

**NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.**

1933	1934	1935	1936	1937
1140	1099	1025	1403	1697

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926 .. .. .	13
Number of Samples taken under Rag Flock Act, 1911 ..	6

**Milk (Special Designations) Order, 1923.**

**NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.**

1933	1934	1935	1936	1937
365	380	362	575	616

## FOOD AND DRUGS.

### ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE GENUINE.

(For details of analysis, see Report of the Public Analyst, pages 212 and 213.)

#### Milk Samples Reported Not Genuine.

Sample No.	Article.	Formal.	In-formal.	Remarks.
223	Pasteurised Milk	—	1	Repeat sample reported "genuine." Written caution sent.
224	Accredited Milk	—	1	Written caution sent.
265	"	—	1	Reported to Leicestershire County Council for action.
1850	Milk	1	—	Cautioned before Committee.
281	Accredited Milk	—	1	Reported to Leicestershire County Council for action.
1285	Milk	1	—	Repeat samples reported "not genuine." See Nos. 1291 and 1292.
1291	Milk	1	—	Taken in connection with No. 1285. Follow up sample reported "genuine." No action taken.
1292	Milk	1	—	
2018	Accredited Milk	—	1	
1968	Milk	1	—	Reported to Leicestershire County Council for action.
1322	Milk	1	—	Repeat sample reported "genuine." Vendors cautioned before Committee.
2037	T.T. Cert. Milk	—	1	Cautioned before Committee.
2304	Milk	—	1	Reported to Leicestershire County Council for action.
2305	"	—	1	
1381	"	—	1	
1384	"	—	1	
1385	"	—	1	
1386	"	—	1	
1387	"	—	1	
2064	T.T. Cert. Milk	—	1	Vendor's Bottling Plant overhauled by the Makers.
2073	"	—	1	Repeat sample reported "not genuine". See No. 2073.
1514	"	—	1	Taken in connection with No. 2064. Reported to Leicestershire County Council for action.
1516	Accredited Milk	—	1	Written caution sent.
				Repeat sample reported "not genuine." See No. 1533.

Milk Samples Reported Not Genuine—*continued.*

Sample No.	Article.	Formal.	In-formal.	Remarks.
1526	Pasteurised	—	1	Repeat sample reported "genuine." Written caution sent.
1533	Accredited Milk	—	1	Taken in connection with No. 1516. Written caution sent.
1736	Milk	1	—	No action taken.
2361	Milk	—	1	Vendor's bottling plant overhauled by the Makers. Written caution sent.
2362	"	—	1	
1560	T.T. Milk	—	1	
1562	"	—	1	
1563	"	—	1	" "
1569	T.T. Cert. Milk	—	1	Cautioned by Chairman of Committee.
1796	Milk	1	—	Repeat sample reported "genuine". Cautioned by Chairman of Committee.
1577	T.T. Past. Milk	—	1	" "
1579	"	—	1	" "
1592	Accredited Milk	—	1	Repeat sample reported "genuine." Written caution sent.
1669	Pasteurised Milk	—	1	Repeat sample reported "not genuine." See No. 1679.
1679	"	—	1	Taken in connection with No. 1669. Written caution sent.
S65	Milk	Private	—	Investigated at Dairy.
S66	"	"	—	"
1366	Accredited Milk	—	1	Repeat sample reported "genuine." Written caution sent.



## Samples other than Milk Reported Not Genuine.

Sample No.	Article.	Formal.	In-formal.	Remarks.
1821	Butter	—	1	Written caution sent.
1931	Black Currant Jam	—	1	Repeat samples reported "not genuine." See Nos. 1949 and 1988.
1949	"	1	—	Taken in connection with No. 1931. Written caution sent.
1932	"	—	1	Written caution sent.
1988	"	1	—	Taken in connection with No. 1931. Written caution sent.
2340	"	—	1	Repeat sample reported "not genuine." See No. 2387.
2387	"	1	—	Taken in connection with No. 2340. Prosecution withdrawn on advice of Town Clerk
498	Chutney	—	1	Written caution sent.
1241	Cocoa	—	1	Repeat sample reported "genuine."
1409	Dried Apple Rings	—	1	No action taken.
1941	Lard	—	1	Repeat sample reported "genuine." Written caution sent.
2389	Margarine	—	1	Repeat sample reported "genuine." Vendors cautioned before Committee.
1632	Milk and Cream Cheese	—	1	Repeat sample reported "not genuine." See No. 1687.
1687	Milk and Cream	1	—	Taken in connection with No. 1632. Summary proceedings taken. Vendor fined £1 0s. 0d.
2400	Mixed Pickles	—	1	Written caution sent.
1894	Potted Beef	—	1	"
1895	"	—	1	"
1361	Pork Dripping	—	1	"
1800	Roast Chicken and Ham	—	1	"
1360	Sausage	—	1	Repeat sample reported "not genuine." See No. 1896.
1366	Beef Sausage	—	1	Written caution sent.
1369	Pork Sausage	—	1	Repeat sample reported "not genuine." See No. 1898.
1896	Sausage	1	—	Taken in connection with No. 1360. Written caution sent.
1898	Pork Sausage	1	—	Taken in connection with No. 1369. Written caution sent.

**Samples other than Milk Reported Not Genuine—*continued.***

Sample No.	Article.	Formal.	In-formal.	Remarks.
1619	Sausage	—	1	Repeat sample reported "genuine." Written caution sent.
1620	"	—	1	Repeat sample reported "not genuine." See No. 1628.
1628	"	1	—	Taken in connection with No. 1620. Summary proceedings taken. Vendor fined 10/-.
1586	"	—	1	M.O.H. communicated with vendors.
1792	Saveloys	—	1	Written caution sent.
S67	Tinned Peas	Private	—	Referred to Chipping Campden Research Station.
371	Clear Mints (Digestive)	—	1	Repeat sample reported "not genuine." See No. 397.
397	"	1	—	Taken in connection with No. 371. Manufacturers appeared before Committee and cautioned
1202	"	—	1	Repeat sample reported "not genuine." See No. 1214.
1203	"	—	1	Repeat sample reported "not genuine." See No. 1215.
1205	"	—	1	Repeat sample reported "not genuine." See No. 1213.
1213	"	1	—	Taken in connection with No. 1205. Manufacturers communicated with.
1214	"	1	—	Taken in connection with No. 1202. Manufacturers communicated with.
1215	"	1	—	Taken in connection with No. 1203. Manufacturers communicated with.
2341	Malt Vinegar	—	1	No action taken.
2342	"	—	1	"
2345	"	—	1	"
1909	Beer (Best Mild)	—	1	Repeat sample reported "genuine." Written caution sent.
2289	Lemon Pop	—	1	Written caution sent.
1401	Codfish	—	1	Voluntarily surrendered.
556	Tinned Lobster	—	1	Repeat sample reported "not genuine." See No. 557.
557	"	—	1	Taken in connection with No. 556. Written caution sent.

Samples other than Milk Reported Not Genuine—*continued.*

Sample No.	Article.	Formal.	In-formal.	Remarks.
532	Mussels	—	1	M.O.H. communicated with Town from where mussels emanated.
533	„	—	1	
534	„	—	1	
540	„	—	1	
541	„	—	1	
544	„	—	1	
565	„	—	1	
566	„	—	1	
567	„	—	1	
569	„	—	1	
579	„	—	1	
582	„	—	1	
594	„	—	1	
595	„	—	1	
585	„	—	1	
599	„	—	1	
600	„	—	1	
607	„	—	1	
608	„	—	1	
612	„	—	1	
554	Oysters	—	1	M.O.H. communicated with Town from where oysters emanated.
568	„	—	1	
578	„	—	1	
376	Camphorated Oil	—	1	Repeat sample reported “genuine.” Written caution sent.
1247	Lime Water	—	1	Written caution sent.
1248	„	—	1	„
1347	Tincture of Iodine	—	1	„
1528	Ammoniated Tincture of Quinine	—	1	Repeat sample reported “not genuine.” See No. 1555.
1555	„	1	—	Taken in connection with No. 1528. Written caution sent.
F71	Basic Slag	—	1	No action taken.
F77	„	—	1	Communicated with dealers.
F81	Bone Meal	—	1	Cautioned by Committee.
F82	Garden Manure	—	1	Written caution sent.



## EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI.

### Milk and Dairies (Consolidation) Act, 1915.

Number of Samples of Milk taken for microscopical and biological  
examination for Tubercle Bacilli—

Year.	1933	1934	1935	1936	1937
Number taken ..	171	171	164	175	176
Percentage containing Tubercle Bacilli	.58	1.17	3.0	5.14	6.82

### Details respecting samples taken, 1937.

	Number of Samples taken.	Number reported containing Tubercle Bacilli.	Number reported negative.	Number unsatis- factory although negative as regards Tubercle Bacilli.
Cowkeepers with registered prem- ises within City boundaries ..	74	8	57	9
Cowkeepers with premises out- side City boundaries ..	102	4	87	11
Totals ..	176	12	144	20

### City Herds.

Of the 74 samples of milk produced inside the City 57 were reported negative ; 8 were reported positive (these were referred to the Veterinary Officer immediately for action and 8 cows were slaughtered under the Tuberculosis Order) ; and 9 were reported as unsatisfactory although negative as regards tubercle bacilli.

The post-mortem examinations of guinea pigs inoculated with milk for which unsatisfactory reports were received are as follows :—

6 samples :			1st report. Animals died from causes other than T.B.
			2nd report. Negative.
1	„		1st report. Negative.
			2nd report. Animal died from causes other than T.B. This sample was repeated and reported positive and cow was slaughtered.
2	„		1st report. Negative.
			2nd report. Animals died from causes other than T.B. These samples were referred to Mr. Durrant, County Veterinary Officer, as they were “follow-up” samples taken by him in connection with positive samples.
<hr/>			
9	„		Total.
<hr/>			

### County Herds.

Of the 102 samples taken from Cowkeepers with premises outside the City boundary 87 were reported negative ; 4 were reported positive (these were referred to the County Authority for action and 8 cows were slaughtered under the Tuberculosis Order) ; and 11 were reported as unsatisfactory although negative as regards tubercle bacilli.

The post-mortem examinations of guinea pigs inoculated with milk for which unsatisfactory reports were received are as follows :—

7 samples :			1st report. Animals died from causes other than T.B.
			2nd report. Negative.
1	„		Both animals died from causes other than T.B. This sample was repeated and reported negative.
3	„		1st report. Negative.
			2nd report. Animals died from causes other than T.B. These three samples were repeated and reported negative.
<hr/>			
11	„		Total.
<hr/>			

### OFFENSIVE TRADES.

Particulars of all offensive Trades in the City.

Number of Tripe Boilers	..	..	..	..	..	13
„ Rag and Bone Dealers	..	..	..	..	..	13
„ Tallow Melters	..	..	..	..	..	1
„ Fellmongers	..	..	..	..	..	1

### RENT RESTRICTIONS ACTS, &c.

Eight certificates were issued under the above Acts.

## SHOPS ACTS FOR THE YEAR ENDING DECEMBER 31st, 1937.

The year ending 31st December, 1937, the first unbroken year since the administration of the Shops Acts, 1912-1934, was transferred to the Health Committee, has shown that the four Sanitary Inspectors wholly employed on this work have satisfactorily dealt with the many problems arising from the operation of these Acts, and have succeeded in raising prevailing conditions to an extent which can result only in an improvement in the health and welfare of all shop employees in the city.

With regard to the operation of the Shops Act, 1934, the opposition and antagonism met with at the beginning, is now giving place to a working co-operation between employers and Inspectors, due mostly to the Inspectors presenting an easily understood précis of those sections of the Act which happened to be under discussion. The amount of time thus expended has more than repaid itself by the amount of work done by occupiers and owners of shops on receipt of the usual "Informal" notice. 218 of these "Informal" notices were served and it was only necessary to serve two "Statutory" notices.

It has been necessary from time to time to consult with the Chief Inspector of Factories, the Police department responsible for the Shops (Hours of Closing) Act, 1928, and the branch secretary of the Shop Assistants' Union on points of procedure or for the purpose of securing information. In every case the reception has been cordial and relations between these officials and departments continue to be friendly and helpful.

A 48-hour week for all shop assistants is now in operation throughout the city, and employers are co-operating willingly.

It has been found in several cases that the young persons themselves provide the only opposition by remaining on the premises even when employment for the day has ceased. Very few employers take advantage of the overtime clause in the Act of 1934, so that the 48-hour week for assistants under 18 is generally continuous throughout the city.

Most of the work for which concrete results can be produced is required by Section 10 of the Act of 1934. This section governs the conditions under which shop assistants may be employed in retail shops, wholesale shops and warehouses.

The question of heating in food shops becomes less and less controversial, although some firms appear to have embarked upon a policy of tacit resistance. Other firms, upon pressure, have installed apparatus of a type which cannot be said to improve the atmosphere



of the shop or the quality of goods displayed, but which this department must accept, as the Act gives no jurisdiction over the type of heating appliance to be fitted in shops.

Several butchers, have, during the past winter, installed heating appliances in their shops without pressure. A slight lessening of opposition from city meat traders to shop heating is evident.

The problem of heating open-fronted shops such as fishmongers and fruiterers is a knotty one. Here again, opposition is gradually diminishing, and with the appearance of a cheap heater of the radiant heat type would be removed altogether.

As formerly, exemption certificates have been granted to owners or occupiers where it is found impossible or impracticable to provide necessary additional sanitary conveniences or washing facilities. Applications for exemption certificates are closely scrutinised and for the most part are granted only in respect of small lock-up shops and kiosks, and where suitable accommodation for the employees is readily and conveniently available elsewhere at all times during the period of employment.

Towards the latter end of the year a start was made with the inspection of hotels and public-houses in the city centre. Certain conditions calling for remedial measures have been discovered and remedied.

#### Particulars of Inspections and Visits up to 31st December, 1937

Shops Inspected and Recorded	..	..	..	..	2,430
Re-inspections due to Contraventions	..	..	..	..	2,657
Informal notices served on Owners or Occupiers	..	..	..	..	218
Statutory	..	..	..	..	2
Notices Abated	..	..	..	..	354
Letters sent re Contraventions	..	..	..	..	91
Meetings with Owners or Representatives	..	..	..	..	834
Applications for Exemption Certificates	..	..	..	..	18
Exemption Certificates Granted	..	..	..	..	15
Exemption Certificates not Granted	..	..	..	..	3

#### Contraventions, Welfare Clauses, Section 10.

Ventilation	..	..	..	..	..	..	76
Lighting	..	..	..	..	..	..	32
Sanitary Conveniences	..	..	..	..	..	..	151
Washing Facilities	..	..	..	..	..	..	199
Facilities for Meals	..	..	..	..	..	..	67
Heating	..	..	..	..	..	..	110

### Other Contraventions.

Forms not provided or exhibited	..	..	..	..	408
Young persons' hours excessive	..	..	..	..	103
Shop seats for females not provided	..	..	..	..	9
Assistants' half-holidays incorrect	..	..	..	..	64
Meal intervals incorrect	..	..	..	..	75

### Special Complaints.

Complaints received	..	..	..	..	..	12
Assistants' half-holiday	..	..	..	..	..	3
Meal intervals	..	..	..	..	..	2
Inaccessible sanitary accommodation	..	..	..	..	..	1
Excessive hours of young persons	..	..	..	..	..	2
Inadequate sanitary accommodation	..	..	..	..	..	1
Inadequate heat..	..	..	..	..	..	2
Half-day closing	..	..	..	..	..	1

### Work Done.

Adequate ventilation provided	..	..	..	..	58
Reasonable temperature provided	..	..	..	..	50
Lighting made satisfactory	..	..	..	..	11
New water-closets provided	..	..	..	..	117
Water-closets repaired	..	..	..	..	19
Washing facilities provided	..	..	..	..	147
Reasonable facilities for meals provided	..	..	..	..	40
Total number of water-closets inspected	..	..	..	..	2,654
Workshops inspected	..	..	..	..	290

## SLAUGHTERHOUSES.

### Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	..	..	..	..	38
Licensed Private Slaughterhouses (includes two Knackers' Yards)	..	..	..	..	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	..	..	..	..	19
Corporation Slaughterhouses situated at City Hospitals :					
City Mental Hospital	..	..	..	..	1
City General Hospital	..	..	..	..	1
					—
Total Slaughterhouses	..	..	..	..	62
					—

The slaughtering rights of one private slaughterhouse were acquired by the Corporation under the Leicester Corporation Act 1897, and compensation was paid to the owner.

## SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	..	..	..	414
Chimneys reported for causing nuisance	..	..	..	4
Cautions by Inspectors	..	..	..	—
Interviews of Engineers or Stokers by Inspectors	..	..	..	14
Informal Notices or Letters sent	..	..	..	10
Prosecutions	..	..	..	2

## LEGAL PROCEEDINGS.

Public Health (Smoke Abatement) Act, 1926	..	..	2
Food and Drugs (Adulteration) Act, 1928	..	..	3
Bye-laws with respect to Slaughterhouses	..	..	1
Public Health Acts	..	..	1
Slaughter of Animals Act, 1933	..	..	1

## WORK CARRIED OUT IN DEFAULT OF OWNERS.

Public Health Acts, 1875. Sec. 41 (re-drainage of houses)	—
---	---



# LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Food and Drugs (Adulteration) Act, 1928	Selling Sausage containing sulphur dioxide—no declaration being made	Conviction .. .. .	10 0	—
Ditto.	Selling Cheese deprived of 62% of original fat and milk portion deprived of nearly 100% fat	Conviction : First Count.—Dismissed on payment of costs .. .. . Aiding and abetting. Fined Second Count.—Giving label falsely describing article. Both defendants dismissed	1 0 0	4 0
Slaughter of Animals Act, 1933	(a) Failure to use mechanical killer (b) Slaughterman unlicensed	Conviction .. .. .	10 0 10 0	— —
Bye-laws with respect to Slaughterhouses	Failure to give notice of intention to Slaughter	Conviction .. .. .	10 0	
Public Health (Smoke Abatement) Act, 1926 Ditto	Excessive smoke emitted from factory chimney Ditto	Conviction .. .. . Conviction : Firm fined .. .. . Stoker fined .. .. .	1 0 0 5 0 0 10 0	— — —
Public Health Acts	Exposing meat unfit for food	Conviction : Cases against Salesmen dismissed on payment of costs .. .. . Case against butcher withdrawn	—	4 0

# Report on the Work of the Venereal Diseases Clinics

for the year 1937.

By

C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

and

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

With foreword by the Medical Officer of Health.

## COMMENTS BY THE MEDICAL OFFICER OF HEALTH.

In submitting the report of the work of the Venereal Diseases Officers for the year 1937, I desire to draw attention to one or two points of special interest.

### Male Section.

The attendance of those patients actually suffering from venereal disease and those found on examination not to be so suffering, has been somewhat reduced during the year.

I would draw special attention to Graphs 7, 8, 9 and 10, which show the percentage of defaulters who have ceased to attend under certain circumstances. It is satisfactory to note that there has been such a marked improvement during the last six years.

The importance of continued attendance of defaulters, especially those grouped in Graphs 7 and 9, will be obvious.

### Female Sections.

The report from Dr. Symington is her last report as Medical Officer of the Female V.D. Clinics, as Dr. Symington retired from the service at the end of January, 1938.

I wish, therefore, to take this opportunity of paying tribute to the service she has given during the whole time the V.D. Clinics have been in operation. Even before that, Dr. Symington was associated with maternity and child welfare work in the City, and over all this long period she has given unstinted service in the cause of the women and children of Leicester.

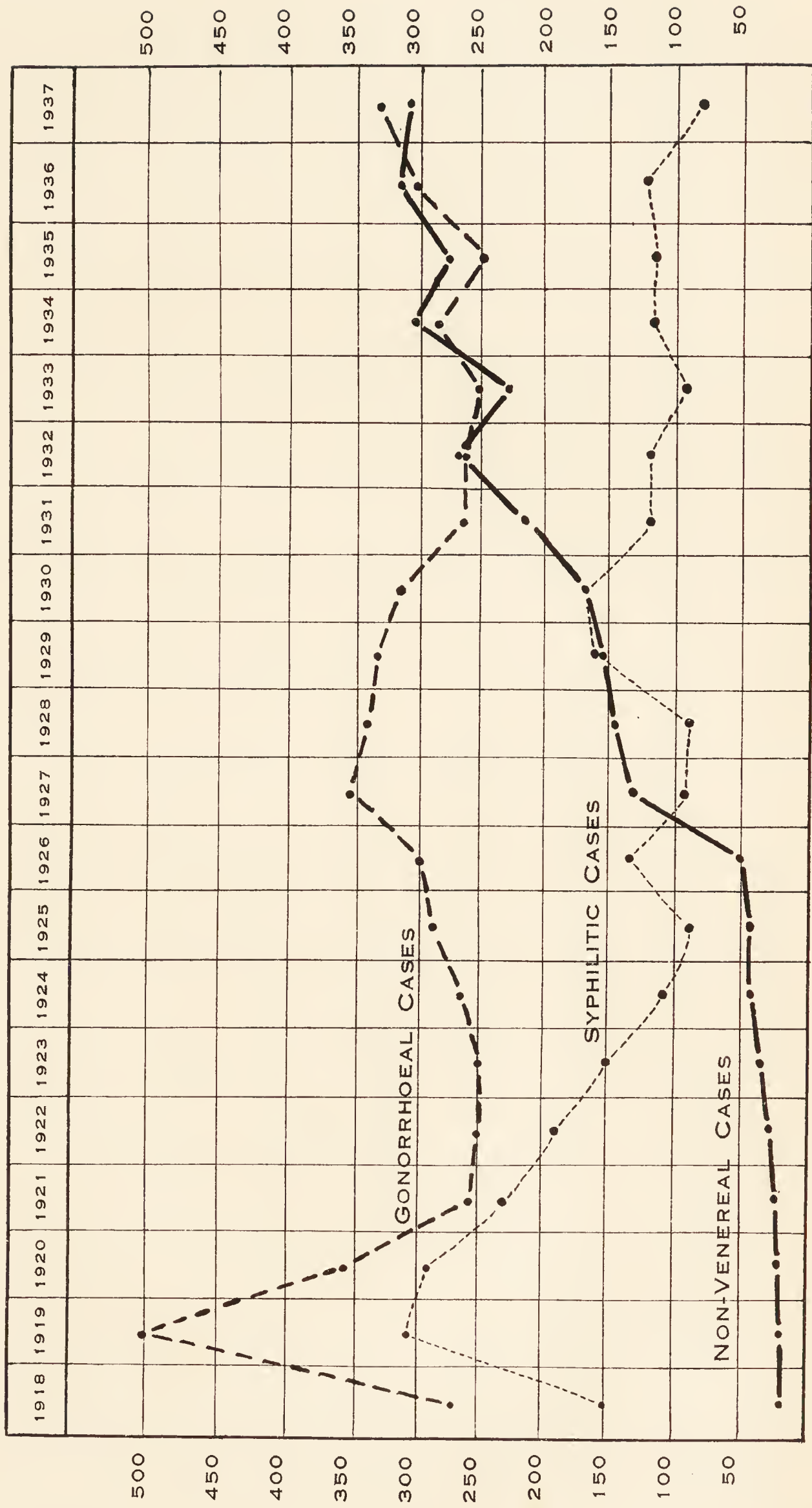
In her report will be found details of the work carried out throughout the year ; in particular, I would draw attention to the very large increase in the number of attendances, i.e., from 9,581 to 12,495. The greatest efforts have been made to ensure co-operation between the V.D. Department and the branches of the Health Service which are most intimately concerned.



GRAPH 6.

NEW CASES ATTENDING THE MALE VENEREAL DISEASES DEPARTMENT.  
LEICESTER ROYAL INFIRMARY. 1918-1937 (CITY AND COUNTY).

RETURNED DEFAULTERS AND TRANSFERS FROM OTHER CLINICS INCLUDED.





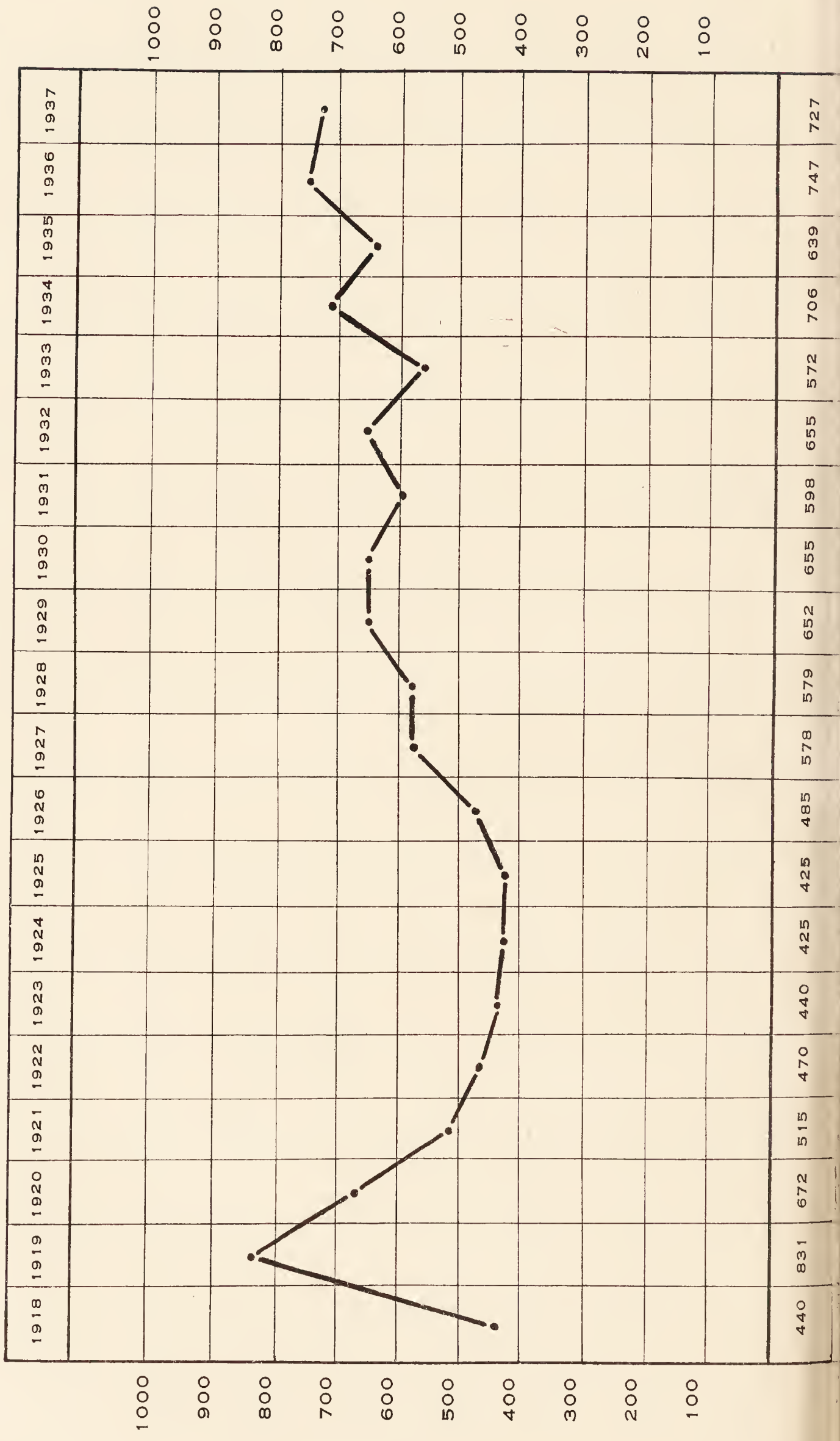




GRAPH 5

NEW CASES ATTENDING THE MALE VENEREAL DISEASES DEPARTMENT  
LEICESTER ROYAL INFIRMARY. 1918-1937 (CITY AND COUNTY).

RETURNED DEFAULTERS AND TRANSFERS FROM OTHER CLINICS INCLUDED.



# 1. Report on the Male V.D. Treatment Centre for the Year 1937

(Leicester and Leicestershire)

By

C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

## Statistics.

New cases coming to the Male Department for the first time numbered 722. In addition 5 cases returned, having defaulted in some previous year. (1936—New cases, 732, returned defaulters, 14).

Table A, shown below, gives details of all cases, and the two Graphs 5 and 6 show how the numbers have varied from year to year. Table A has been compiled from the official report given to the Ministry of Health—Form V.D. (R) (revised), but in the Table the City and County cases have been separated and I have divided the primary syphilitic cases into two categories, sero-negative and sero-positive.

New syphilitic cases show a decided drop on the previous years ; non-venereal cases, a slight drop ; and gonorrhoeal cases an increase.

There were 232 cases of actual venereal disease cured during the year.

The total number of attendances for the year was 21,413 (Clinic attendances 9,745 ; intermediate attendances 11,668). The total for the previous year was 20,318.

In-patients numbered 68 (1936—62), and the average in-patient days 23.2 (1936—24.5).

Source of infection, when definitely ascertained (long duration acquired syphilis excluded) :—

Stranger (no financial acknowledgment) .. ..	203
Wife (extra-marital exposure emphatically denied, and wife proved to have V.D.) .. ..	64
Friend .. ..	48
Prostitute (financially acknowledged) .. ..	32
Fiancée, or intended fiancée .. ..	16
Parents or grandparents (i.e., hereditary) .. ..	10

**Analysis of occupations :—**

Labourers .. ..	152	Miners .. ..	10
Engineers .. ..	124	Printing .. ..	10
Building .. ..	70	Children under 15 ..	8
Boot and Shoe .. ..	64	Furnishing .. ..	4
Hosiery .. ..	64	Railway .. ..	3
Transport .. ..	55	Managers .. ..	3
Travellers .. ..	50	The Services .. ..	3
Shop Assistants .. ..	46	Miscellaneous .. ..	16
Office .. ..	33		
Agriculture .. ..	12		727

**Numbers from various areas in the County of Leicestershire :—**

<i>Area</i>	<i>No.</i>
Hinckley .. ..	42
Loughborough .. ..	35
Coalville .. ..	32
Market Harborough .. ..	15
Lutterworth .. ..	12
Melton Mowbray .. ..	10
Within five miles of the City .. ..	28
	174

**New Cases—Married, Single, Widower, or at School :—**

Single .. ..	350
Married .. ..	344
Widower .. ..	30
At School or under School Age .. ..	3
	727

**Age Incidence of New Male Cases :—**

Years .. ..	-15	-20	-25	-30	-35	-40	-45	-50	-55	-60	-70
Number .. ..	13	38	170	163	118	83	52	25	27	17	21

Cases known to have had at least one previous attack of venereal disease numbered 39.

Three men had a double infection (Syphilis and Gonorrhoea).

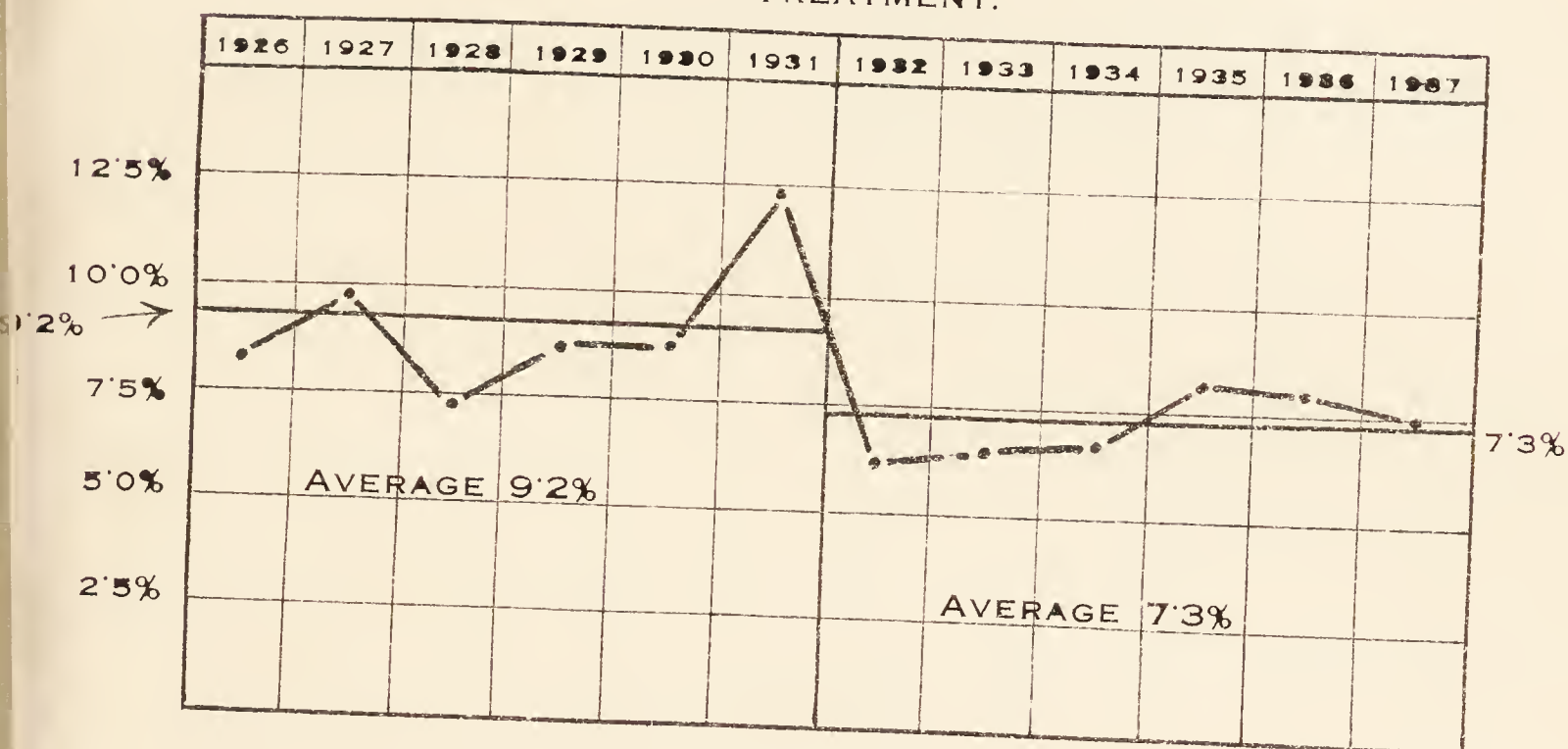
**Pathological Work (For Male Department only).**

Tests for spirochaetes ..	8	C.S.F. examinations ..	83
Blood tests (W.Rs.) ..	838	Smears for Gonorrhoea ..	1044
Blood tests (Kahn) ..	838	Other tests .. ..	11
Gonococcal C.F.T. ..	94		



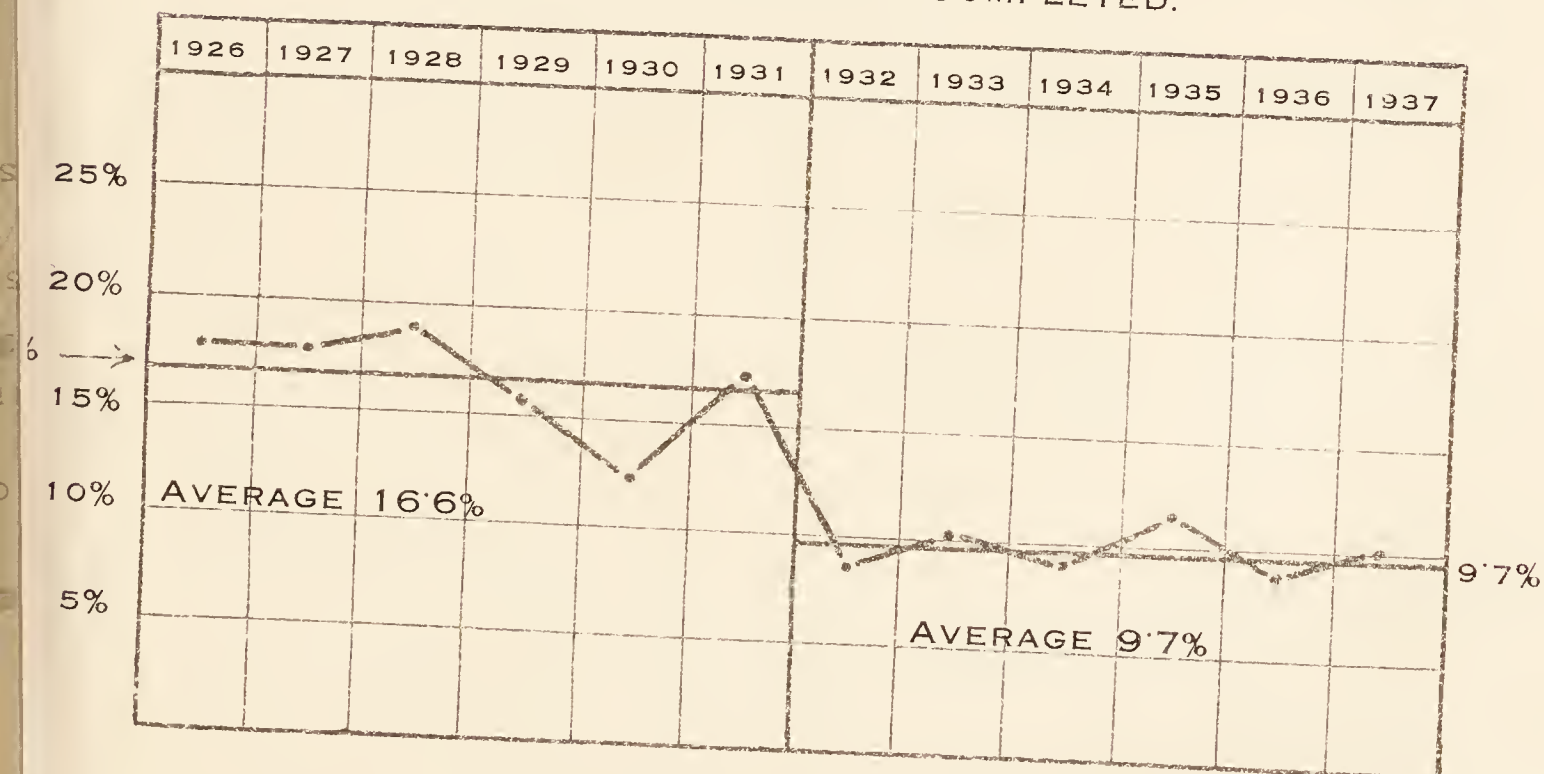
## GRAPH 9. TYPE 1 (GONORRHOEA).

YEARLY PERCENTAGES OF MALE GONORRHOEAL CASES IN THE RECORDS WHO DEFAULTED BEFORE COMPLETION OF TREATMENT.



## GRAPH 10 TYPE 2 (GONORRHOEA).

YEARLY PERCENTAGE OF MALE GONORRHOEAL CASES IN THE RECORDS WHO DEFAULTED AFTER TREATMENT, BUT BEFORE TESTS OF CURE WERE COMPLETED.



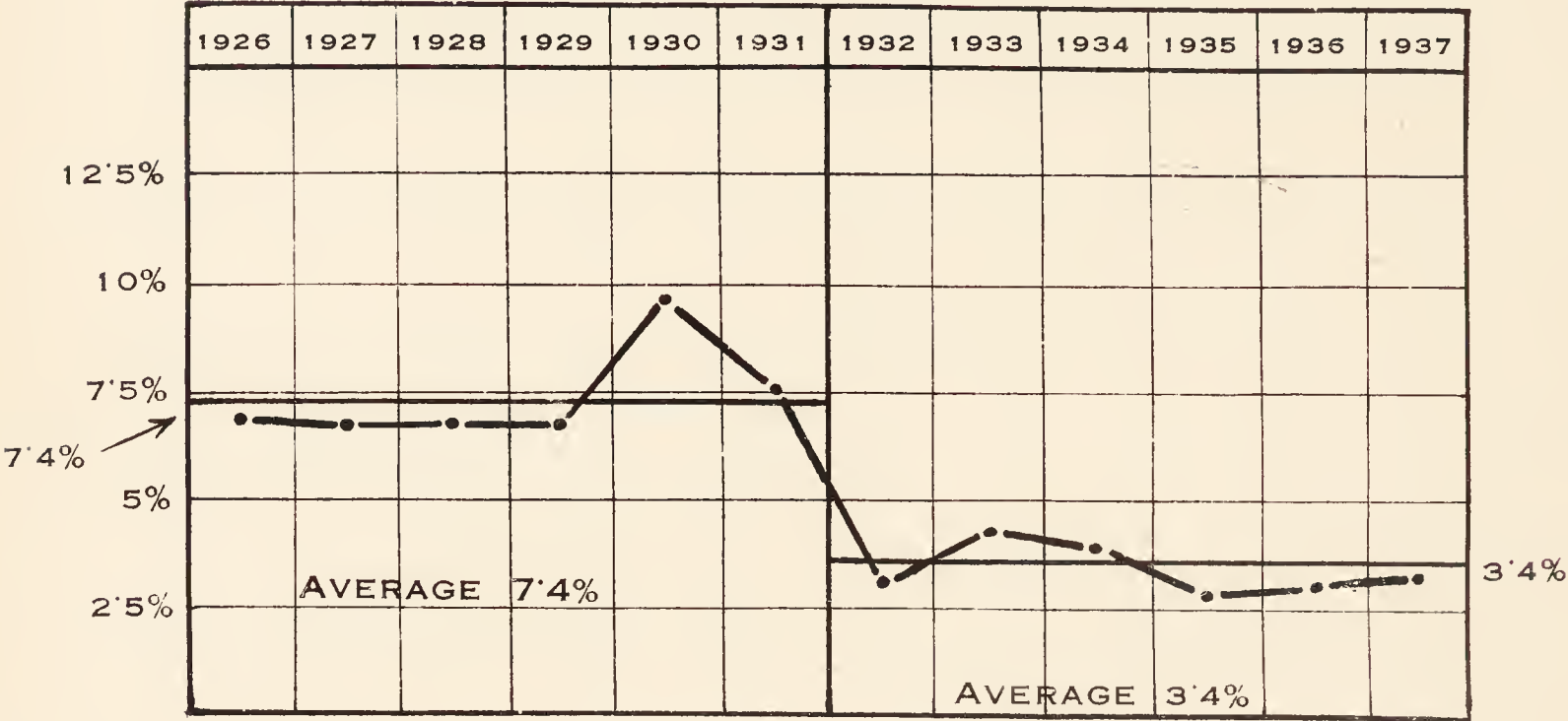






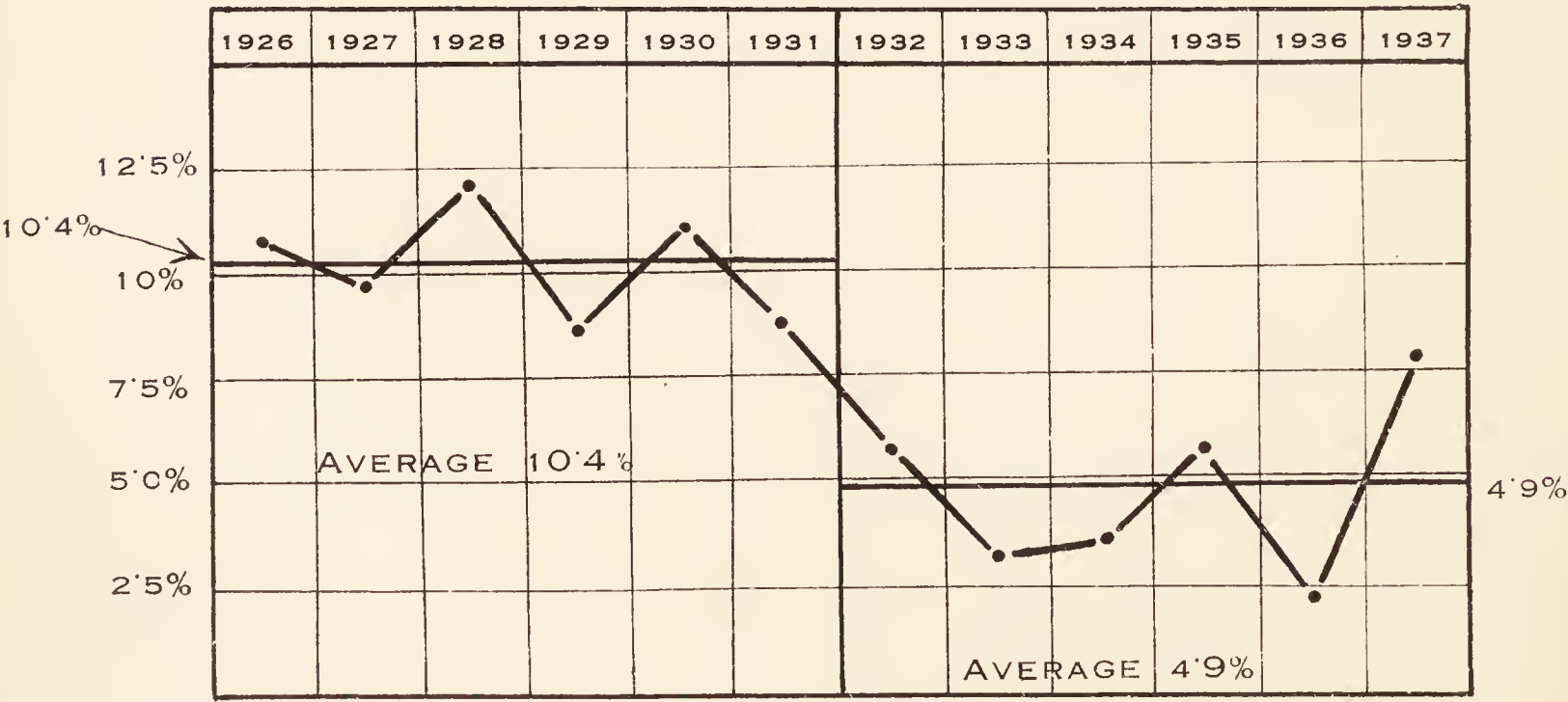
GRAPH 7. TYPE 1 (SYPHILIS).

YEARLY PERCENTAGE OF MALE SYPHILITIC CASES ON THE RECORDS WHO CEASED TO ATTEND BEFORE THE COMPLETION OF ONE "COURSE" OF INJECTIONS. A SERIOUS TYPE OF DEFAULTER, ESPECIALLY IF ORIGINALLY PRIMARY OR SECONDARY SYPHILIS.



GRAPH 8. TYPE 2 (SYPHILIS).

YEARLY PERCENTAGE OF MALE SYPHILITIC CASES ON THE RECORDS WHO CEASED TO ATTEND AFTER COMPLETION OF TREATMENT BUT BEFORE FINAL TESTS OF CURE (W.R., KAHN TEST, E.S.F. EXAMINATION, AND FINAL CLINICAL OVERHAUL).



**Defaulters and Propaganda Work.**

There are two types of defaulters, those who cease to attend before completion of the necessary treatment (Type 1), and those who apparently complete treatment but default before all the tests of cure have been made (Type 2).

Naturally, Type 1 is the more serious one as regards possible spread of infection or recurrence of later and severe complications of venereal disease.

A large percentage of Type 2 defaulters may be actually cured although all tests of cure have not been made.

During my six years of office in Leicester as Senior Male V.D. Medical Officer, I have concentrated on methods of reducing both types of defaulters. The extensive propaganda scheme has had, among other things, this object in view.

Twenty public lectures have now been given during the last six years ; the last one as follows :—

(20th Lecture), Wednesday, 17th March, Vaughan College, Leicester.

The importance of Public Education in the dangers which may arise from untreated or late treated venereal disease cannot be over-emphasised. Ignorance in sex problems can do an enormous amount of harm and the public really are tending to become more desirous of correct knowledge in this sphere.

A survey of the two types of defaulters occurring during the last twelve years (i.e., six years before extensive propaganda work and six years after), is instructive and reassuring.

Although other factors come into play towards the results, public lectures, in my opinion, have played an important part.

Four graphs, 7, 8, 9 and 10, show details concerning the investigation into the various types of defaulters, and the following is a brief summary of the results :—

	1926-1931	1932-1937
Graph 7. Type 1 (Syphilis)	Average= 7.4%	Average=3.4%
Graph 8. Type 2 (Syphilis)	Average=10.4%	Average=4.9%
Graph 9. Type 1 (Gonorrhoea)	Average= 9.2%	Average=7.3%
Graph 10. Type 2 (Gonorrhoea)	Average=16.6%	Average=9.7%

In all types a reduction is shown.

### Concluding Remarks.

The bulk of our new cases come directly to the clinic, not having been sent by their own practitioner. Nevertheless, co-operation between general practitioner and the department is increasingly good.

The initial findings, and at a later date, the progress or "cure" of the patient are in all cases communicated to the doctor concerned.

As consulting venereologist to the City General Hospital, monthly visits have been made throughout the year.

The question of the cost of running such a department as this has always been borne in mind.

The object here is to run it economically, but at the same time not to sacrifice efficiency.

No case is treated unless benefit to the patient and others connected with him can reasonably be expected.

In conclusion, I should like to acknowledge the excellent assistance and co-operation rendered by all in the Royal Infirmary and P.H. Department who are connected in any way with my department.

The pathologist, Dr. W. W. Mackarell, does an important and extensive part of our work, and the Royal Infirmary dispensers and clerks render valuable assistance.

Within the department, my assistant, Dr. Hugh Atkinson and male nurse, Mr. Robertson, Sister Owen and the nurses and attendants have played a big part in the year's work.

(Signed),

C. HAMILTON WILKIE.



TABLE A. MALES.

1937	VENEREAL CASES						NOT V.D.		Totals		GRAND TOTALS
	Syphilis		Soft Sore		Gonorrhoea						
	T	C	T	C	T	C	T	C	T	C	
Cases on books Jan. 1st, 1937 .. ..	172	88	—	—	102	51	5	—	279	139	418
Returned Defaulters Syphilis Primary	4	—	—	—	—	1	—	—	4	1	5
WR—	3	1	—	—	—	—	—	—	3	1	4
„ „ WR+	1	2	—	—	—	—	—	—	1	2	3
„ Secondary ..	1	3	—	—	—	—	—	—	1	3	4
„ Latent 1st. Yr.	—	—	—	—	—	—	—	—	—	—	—
„ All later stages	32	7	—	—	—	—	—	—	32	7	39
„ Congenital ..	8	1	—	—	—	—	—	—	8	1	9
Soft Sore .. ..	—	—	1	1	—	—	—	—	1	1	2
Gonorrhoea(Ac. & Ch.)	—	—	—	—	214	81	—	—	214	81	295
Non-Venereal ..	—	—	—	—	—	—	242	69	242	69	311
Transfers IN ..	17	2	—	—	30	6	—	—	47	8	55
Totals .. ..	238	104	1	1	346	139	247	69	832	313	1145
Cured & N.V.D's.	23	13	1	1	139	55	241	68	404	137	541
Ceased attendance before completion of Treatment ..	29	14	—	—	26	10	—	—	55	24	79
Ceased attendance after completion of Treatment ..	19	8	—	—	29	19	—	—	48	27	75
Transferred ..	20	2	—	—	51	7	—	—	71	9	80
On records,31-12-37	147	67	—	—	101	48	6	1	254	116	370
Attendances seen by M.O. .. ..	2887	1324	3	5	3529	1217	589	191	7008	2737	9745
Ditto Intermediate	309	—	—	—	10107	923	268	61	10684	984	11668
Ditto Totals ..	3196	1324	3	5	13636	2140	857	252	17692	3721	21413
In-Patients ..	9	8	—	—	31	18	1	1	41	27	68
Aggregate days ..	337	135	—	—	778	307	16	2	1131	444	1575



## 2. Report on Female V.D. Clinics for the Year 1937.

(Leicester and Leicestershire)

By

BESSIE W. SYMINGTON, M.D., B.S. (Lond.)

The Centres for Treatment of Female Patients and of children up to school age are situated in 2 places.

1. Chief Centre at the Royal Infirmary which is held three times a week.

2. Auxiliary Centre in premises used especially for the purpose at St. Mary's Home, 1, Ashleigh Road, where the younger unmarried girls are seen ; also a few old patients who wish for advice after marriage.

Each Centre consists of—

- (a) Out-Patient and In-Patient Departments.
- (b) Facilities for intermediate treatment.

Four Out-Patient Clinics are held each week.

Three at the Royal Infirmary : Mondays 6-7.30 p.m.

Wednesdays 3.30 p.m.

Fridays 3.30 p.m.

One at St. Mary's Home : Thursdays 5.30 p.m.

Intermediate treatment is given mornings and evenings and in the dinner hour if necessary, by one of the Sisters in Charge at either Centre.

The Female In-Patient Department has at its disposal 16 beds, and in addition cots for little girls and cradles for babies.

At the Royal Infirmary : 7 beds—one of these for maternity cases ; 2 cots.

At St. Mary's Home : 9 beds for young unmarried girls ; 4 of these are kept for ante-natal and post-natal cases.

All Pathology is done at the Pathological Department of the Leicester Royal Infirmary.



### **Prophylactic Work.—Care of the Pregnant Mother.**

Close touch is kept with the Maternity and Child Welfare Department, the pregnant mother examined and treatment commenced as soon as possible.

Young girls, who have been treated, are encouraged to come back before marriage and afterwards at the beginning of pregnancy.

Babies of the mothers treated are watched from time to time and all mothers urged to attend some Welfare Centre.

One Public Lecture was given by Dr. Mary Newton Davies at the Vaughan College accompanied by lantern slides and ended by a short film.

All patients are told the nature and cause of the trouble.

### **New Cases.**

The total number of Female cases asking for examination, and treatment if necessary, during 1937 was 432.

Cases passed on for treatment from the previous year numbered 310.

Total in all Clinics, 742.

### **Analysis of these numbers.**

#### **New Cases :—**

Royal Infirmary	..	..	..	403
St. Mary's Home	..	..	..	29
Total				432

#### **Cases passed on :—**

Royal Infirmary	..	..	..	260
St. Mary's Home	..	..	..	50
Total				310

### **Analysis of New Patients according to District.**

#### **City Cases.**

##### **Royal Infirmary :**

Syphilis	..	..	..	..	83
Gonorrhoea	..	..	..	..	206
Total					289

St. Mary's Home :

Syphilis	..	..	..	..	2
Gonorrhoea		..	..	..	14
Total					16

County Cases.

Royal Infirmary :

Syphilis	..	..	..	..	46
Gonorrhoea		..	..	..	67
Total					113

St. Mary's Home :

Syphilis	..	..	..	..	3
Gonorrhoea		..	..	..	11
Total					14

New Cases.

Syphilis :

- 1 Showed primary sore without infection of the blood.
- 11 Showed primary sore with infection.
- 1 Showed latent signs in the first year.
- 39 Showed later stages.
- 11 Congenital cases.

Gonorrhoea :

194 cases probably began treatment within the first year of infection.

It is impossible to state the length of time gonorrhoea has existed in a woman after she has been treated by other doctors, which is so often the case, before she is sent to the Clinic.

Not Suffering from Venereal Disease.

143 have been watched carefully and finally diagnosed as free from disease. They are those who have been in contact with those infected, or sent from other doctors for diagnosis.

Attendance of Female Cases.

Total number in all Clinics 12,495 (last year 9,581).

## Classification.

City :

Royal Infirmary	..	..	..	8811
St. Mary's Home	..	..	..	781

County :

Royal Infirmary	..	..	..	2442
St. Mary's Home	..	..	..	393
Other Counties	..	..	..	68

## Results.

The number of cases discharged after completion of treatment or after diagnosis as non-venereal has been 281.

Syphilis	..	..	Royal Infirmary	..	..	24
			St. Mary's Home		..	13
Gonorrhoea	..	..	Royal Infirmary	..	..	93
			St. Mary's Home	..	..	13
Not Venereal		..	Royal Infirmary	..	..	130
			St. Mary's Home	..	..	8
<hr/>						
Total			..	..	..	281

Each case is watched and tested if possible for at least three months. Young girls and children are watched longer.

The average time taken for treatment and cure :—

Unmarried women about	7 months
Married women	14 months.

## Defaulters.

Cases of early Syphilis 4.

Cases of Gonorrhoea probably infectious :—

Royal Infirmary	..	..	..	33
St. Mary's Home	..	..	..	3
Total				36

Cases of later Syphilis, 26.

Cases who have had good treatment but failed to report :—

Royal Infirmary	..	..	..	34
St. Mary's Home	..	..	..	8
Total				42



Letters are sent to defaulters at regular intervals. The Maternity and Child Welfare Department always give help when asked.

At St. Mary's Home a visitor is employed, almost full time, in looking up girls, helping them get work, when necessary, and visiting the babies when put under the care of a foster mother.

### **Treatment.**

**Syphilis** is treated chiefly by disinfection of the blood by preparations of arsenic or bismuth, given by injection or by mouth. Mercury and potassium iodine are also used.

Stovarsol which contains a special form of arsenic is also a useful drug.

2,651 injections have been given :—

Royal Infirmary	..	..	..	2391
St. Mary's Home	..	..	..	260

This number includes 127 injections of tryparsemide given to old cases of disease of the nervous system.

### **Gonorrhoea.**

The routine method of treatment is local disinfection of the infected parts if possible, together with prescriptions of alkalis by mouth. Other methods used in conjunction or instead of this are Vaccines used specially for cases of rheumatism and for gonorrhoeal vulvitis.

### **Complete rest in bed with tampons.**

**Pessaries.** This method has only been employed in special cases, or when the patient is unable to attend frequently.

### **Electrical Methods.**

**Diathermy.** This has been used for both urethral and cervical infections in acute and chronic cases.

More time is required for this treatment, as it cannot be carried on during the routine clinic. Electrical cauterisation has been tried in cases of rectal infection with very encouraging results.

### **Prontosil given by injection or by mouth.**

This drug is very valuable in both acute and chronic cases, but no definite report can yet be given.

The woman infected with gonorrhoea is a potential source of danger, and every attempt at disinfection has been made.

## Children.

Special time, after school hours, is kept one evening a week for treatment of children.

Little boys as well as girls are treated in the female department if convenient.

The mother and father of each case are told to come for examination if thought necessary.

34 new cases have been examined.

City	..	Congenital Syphilis	..	..	7
		Gonorrhoeal Vulvitis	..	..	6
		Not Venereal Disease		..	7
					—
		Total	..	..	20
County	..	Congenital Syphilis	..	..	4
		Gonorrhoeal Vulvitis	..	..	2
		Non Venereal Disease	..	..	8
					—
		Total	..	..	14

Of these 11 are of school age.

City	..	..	..	..	5
County	..	..	..	..	6

All cases of acute infection of gonorrhoea in children are taken into the ward for 6 weeks to 2 months.

One child was sent to the Children's Home, Waddon, Croydon, and is still there under observation.

## Ante-Natal Work.

Co-operation with the Maternity and Child Welfare Medical Officers is aimed at.

Treatment is started as soon as possible and given all through pregnancy; cases of uncertain diagnoses of gonorrhoea are watched and treated for a time and then passed on to the general practitioner or midwife in charge.

34 pregnant cases have been examined.

14 cases have been treated and watched and diagnosed "Not suffering from venereal disease." These have been sent to the doctor or midwife in charge.

3 cases after treatment were sent to the City General Hospital. 17 confinements have taken place in the Maternity Ward. One of these was transferred from the obstetric ward in the Infirmary.

Syphilis cases, 2.

Both babies apparently healthy.

Gonorrhoeal cases, 15.

12 healthy babies.

1 Stillborn.

2 premature.

All babies whose mothers have had ante-natal treatment are watched and afterwards passed on to the Child Welfare Centres.

### In-Patient Department.

The number of cases treated in the wards was 154.

Royal Infirmary	..	..	..	132
St. Mary's Home	..	..	..	22

In addition 17 babies have been born alive in the Maternity Ward.

### Analysis of Cases.

#### City :

Syphilis	..	..	..	..	12
Gonorrhoea		..	..	..	54
Non-V.D.	..	..	..	..	12

#### County :

Syphilis	..	..	..	..	8
Gonorrhoea		..	..	..	44
Non-V.D.	..	..	..	..	2

#### St. Mary's Home :

City	..	..	..	..	12
County	..	..	..	..	8
Other Counties			..	..	2



Cases treated in the wards are chiefly infectious or those with complications.

Amongst those admitted have been :—

Secondary syphilis	.. .. .	6
Acute infectious gonorrhoea in young women	..	57
Acute rectal infection	.. .. .	2
Acute gonorrhoeal rheumatism	.. .. .	4
Gonorrhoeal vulvitis in little girls	.. .. .	8
Maternity cases	.. .. .	17
Ulceration of leg	.. .. .	1
Ulceration of face	.. .. .	1
Dermatitis	.. .. .	1

No major operation has been performed on any case in the ward, but more cases have been transferred from the general surgical wards after operation.

### “Follow-Up” Work.

The Maternity and Child Welfare Department is kept in touch with whenever possible.

The School Medical Officer has been very good in giving help when needed.

From St. Mary’s Home much work is done by the almoner—Miss Hall—who helps the girls find good lodgings, work, and suitable foster mothers for the babies when necessary.

All the personal work has been of great help and I should like to express my thanks to Dr. Mary Newton Davies, and to the Sisters and Nurses in charge of all departments during the past year.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

(Medical Officer of Female Venereal Clinic).

TABLE 22.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW PATIENTS ATTENDING FOR THE FIRST TIME. (City Cases only.)

YEAR.	MALES.			FEMALES.			
	SYPH.	GON.	Not. V.D.	SYPH.	GON.	Not V.D.	
1922	..	144	172	18	147	25	9
1923	..	105	184	23	113	50	28
1924	..	79	146	41	99	90	41
1925	..	66	202	50	72	84	42
1926	..	81	265	44	70	115	38
1927	..	70	275	90	75	102	79
1928	..	71	246	117	104	136	60
1929	..	125	266	106	80	126	42
1930	..	134	232	117	83	129	67
1931	..	78	175	151	69	86	90
1932	..	80	204	201	73	94	115
1933	..	59	181	160	59	100	79
1934	..	70	217	218	54	133	32
1935	..	81	180	207	108	182	145
1936	..	86	222	227	46	101	99
1937	..	62	244	242	85	220	90





APPENDIX IX.

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FINANCIAL TABLES

(Supplied by City Treasurer)



# CITY GENERAL HOSPITAL.

Income and Expenditure for the two years ended  
31st March, 1938.

								Year	Year
								1936-37	1937-38
EXPENDITURE.								£	£
Salaries and Wages :—									
Medical Staff	..	..	..	..	..	..	..	4347	4717
Nursing Staff	..	..	..	..	..	..	..	7898	8715
Other Staff	..	..	..	..	..	..	..	9796	10527
Corporation's Contributions to Superannuation Fund under Act of 1922	..	..	..	..	..	..	..	733	818
Superannuation Allowances under Act of 1896	..	..	..	..	..	..	..	595	553
National Insurance	..	..	..	..	..	..	..	439	471
Provisions :—									
Staff	..	..	..	..	..	..	..	4462	4777
Patients	..	..	..	..	..	..	..	8365	8546
Clothing :—									
Staff	..	..	..	..	..	..	..	283	356
Patients	..	..	..	..	..	..	..	307	372
Drugs and Medical Appliances	..	..	..	..	..	..	..	4530	5143
Fuel, Light and Water	..	..	..	..	..	..	..	4512	4856
Laundry :—Wages and Materials	..	..	..	..	..	..	..	1632	1809
Furniture and Fixtures	..	..	..	..	..	..	..	1257	534
Hardware and Crockery	..	..	..	..	..	..	..	449	465
Bedding and Linen	..	..	..	..	..	..	..	675	830
Cleaning Materials	..	..	..	..	..	..	..	323	309
Disinfectants	..	..	..	..	..	..	..	40	55
Education and Training Sundries	..	..	..	..	..	..	..	74	115
Buildings, Plant and Machinery :—									
Additions and Alterations	..	..	..	..	..	..	..	391	673
Renewals and Repairs	..	..	..	..	..	..	..	3664	4124
Painting and Decorating	..	..	..	..	..	..	..	1410	1698
Maintenance of Grounds	..	..	..	..	..	..	..	902	1002
Travelling Expenses and Transport	..	..	..	..	..	..	..	1425	1173
Printing and Stationery	..	..	..	..	..	..	..	530	548
Telephone	..	..	..	..	..	..	..	114	122
Sundries	..	..	..	..	..	..	..	266	292
Rates, Rent and Income Tax	..	..	..	..	..	..	..	2477	2587
Insurance : Fire, &c.	..	..	..	..	..	..	..	100	99
Farm and Garden	..	..	..	..	..	..	..	385	151
Loan Charges :—									
Interest	..	..	..	..	..	..	..	1133	1013
Repayment of Debt	..	..	..	..	..	..	..	1122	1151
Orthopaedic School :—									
Salaries	..	..	..	..	..	..	..	700	684
Books, etc.	..	..	..	..	..	..	..	15	19
Total Expenditure									
Less Miscellaneous Income	..	..	..	..	..	..	..	65351	69306
								222	205
Net Expenditure for Maintenance	..	..	..	..	..	..	..	£65129	£69101
Net Expenditure per Patient Day	..	..	..	..	..	..	..	s. d. 8 4	s. d. 8 10
INCOME.									
								£	£
Income for Maintenance :—									
Mental Deficiency Committee	..	..	..	..	..	..	..	12	8
Education Committee	..	..	..	..	..	..	..	285	3018
Other Local Authorities	..	..	..	..	..	..	..	3601	3022
Relatives, Patients, Ministry of Pensions for Treatment of Ex-Servicemen, and Saturday Hospital Fund.	..	..	..	..	..	..	..	3812	3727
								£7710	£9775
Net Cost (including Loan Charges)	..	..	..	..	..	..	..	£57419	£59326
Number of Patient Days	..	..	..	..	..	..	..	156,813	156,400



# ISOLATION HOSPITAL AND SANATORIUM.

Income and Expenditure for the two years ended  
31st March, 1938.

EXPENDITURE.	Year 1936-37.	Year 1937-38.
	£	£
Salaries and Wages ( <i>see also below</i> ) .. .. .	11985	12902
Superannuation : Corporation's Contributions and Additional Allowances .. .. .	647	666
National and Workmen's Compensation Insurance Provisions .. .. .	255	264
Drugs, Medical Appliances, &c. .. .. .	8674	10310
Fuel, Light, Water and Power .. .. .	2096	3063
Furniture, Bedding and Linen .. .. .	4343	4826
Crockery and Hardware .. .. .	681	561
Uniforms and Dresses .. .. .	144	323
Cleaning Materials .. .. .	195	283
Laundry (including Wages) .. .. .	224	245
Structural Renewals, Repairs and Painting (including Wages) .. .. .	687	744
Grounds, &c. (including Wages) .. .. .	2666	3127
Transport (including Wages) .. .. .	1263	1306
Printing, Stationery, Postage and Telephone .. .. .	1809	922
Rates and Insurance (Fire, &c.) .. .. .	323	513
Miscellaneous .. .. .	1269	1600
Sanatorium School—Salaries, &c. .. .. .	176	231
Occupational Treatment—Wages, Materials, &c. .. .. .	602	402
X-ray and Light Treatment Supplies .. .. .	344	336
Rent .. .. .	1131	936
Loan Charges :—	155	38
Interest .. .. .	2194	2451
Repayment of Debt .. .. .	3066	3249
Total Expenditure .. .. .	£44,929	£49,298
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscellaneous Income .. .. .	1486	1029
Net Expenditure for Maintenance .. .. .	£43,443	£48,269
Net Expenditure per Patient Day .. .. .	9s. 11d.	9s. 11d.
Income for Maintenance of Patients (including Con- tributions by Patients and Relatives in respect of "Home Place" Sanatorium)	634	518
Net Cost (including Loan Charges) .. .. .	£42,809	£47,751
Number of Patient Days .. .. .	87,467	97,555

# HOME PLACE SANATORIUM, HOLT.

Income and Expenditure for the Two Years ended  
31st March, 1938.

EXPENDITURE.	Year 1936-37.	Year 1937-38.
Salaries and Wages ( <i>see also below</i> ) .. .. .	£719	£753
Superannuation : Corporation's Contributions ..	20	20
Insurance (National and Workmen's Compensation)	25	25
Rates and Land Tax .. .. .	91	91
Heat, Light and Water .. .. .	203	232
Provisions .. .. .	996	1032
Medical Requisites .. .. .	22	12
Laundry .. .. .	32	36
Cleaning Materials .. .. .	41	34
Buildings, &c.—Repairs and Painting .. .. .	70	456
Upkeep of Grounds, &c. (including Wages) ..	498	449
Travelling Expenses and Transport .. .. .	121	162
Furniture and Bedding .. .. .	128	119
Pigs and Poultry .. .. .	105	118
Insurance—Fire, &c. .. .. .	7	7
Miscellaneous .. .. .	66	83
Total Expenditure .. .. .	£3144	£3629
Less Sale of Produce (including supplies from Garden to Institution) and Miscellaneous Income	245	183
Net Expenditure for Maintenance .. .. .	£2899	£3446
Net Expenditure per Patient Day .. .. .	7s. 3d.	8s. 3d.
Number of Patient Days .. .. .	8001	8332

(Note : Contributions from Patients credited to Isolation Hospital  
and Sanatorium)

# MATERNITY HOME, WESTCOTES DRIVE.

Income and Expenditure for the Two Years ended  
31st March, 1938.

EXPENDITURE.	Year 1936-37.	Year 1937-38.
	£	£
Salaries, including Medical Fees ( <i>see also below</i> ) ..	1027	1042
Superannuation : Corporation's Contributions ..	48	50
Insurance (National, Workmen's Compensation and Guarantee) .. .. .	21	21
Uniforms and Dresses .. .. .	53	51
Provisions .. .. .	988	954
Drugs and Medical Requisites .. .. .	430	334
Fuel, Light and Water .. .. .	571	551
Laundry (Wages and Materials) .. .. .	287	284
Furniture .. .. .	116	76
Bedding and Linen .. .. .	116	96
Crockery and Hardware .. .. .	51	46
Cleaning Materials .. .. .	37	29
Lecture Fees, &c. .. .. .	140	173
Repairs, Painting, &c. .. .. .	164	93
Garden and Grounds .. .. .	177	175
Rates .. .. .	225	230
Insurance (Fire, &c.) .. .. .	20	20
Printing, Stationery, Telephone and Sundries ..	80	102
Flagging Footpath, Westcotes Drive .. ..	—	263
Loan Charges :—		
Interest .. .. .	243	204
Repayment of Debt .. .. .	661	681
Total Expenditure .. .. .	£5455	£5475
Less Training Fees, Rent of Garages and Miscellaneous Income .. .. .	360	460
Net Expenditure on Treatment of Patients .. ..	£5095	£5015
Net Expenditure per Patient Day .. .. .	14s. 8d.	18s. 0d.
INCOME.		
Income from Maternity Fees .. .. .	2510	2094
Net Cost (including Loan Charges) .. .. .	£2585	£2921
Number of Patient Days .. .. .	6950	5566



## DAY NURSERY.

Income and Expenditure for the Two Years ended  
31st March, 1938.

EXPENDITURE.	Year 1936-37.	Year 1937-38.
Salaries .. .. .	£ 634	£ 619
Superannuation : Corporation's Contributions ..	29	30
Insurance .. .. .	24	24
Rent and Rates .. .. .	356	357
Furniture and Equipment .. .. .	74	58
Repairs, Painting, &c. .. .. .	141	34
Fuel, Light, Water and Cleaning .. .. .	241	252
Provisions .. .. .	512	528
Drugs and Medical Requisites .. .. .	8	13
Laundry .. .. .	146	167
Uniforms and Clothing .. .. .	70	95
Printing, Stationery, Postage and Telephone ..	21	13
Lecture Fees .. .. .	21	—
Sundries .. .. .	23	22
	£2300	£2212
INCOME.		
Maintenance Charges .. .. .	699	674
Contribution from Education Committee in respect of Mothercraft :—		
Tuition .. .. .	150	150
Meals for School Girls .. .. .	37	35
Meals for Mothers .. .. .	11	12
Sundries .. .. .	6	19
	£903	£890
Net Cost .. .. .	£1397	£1322

# INFANTS' MILK DEPOT.

Income and Expenditure for the Two Years ended  
31st March, 1938.

EXPENDITURE.						Year 1936-37.	Year 1937-38.
Salaries and Wages	..	..	..	..	..	£459	£458
Superannuation : Corporation's Contributions	..				..	19	19
Purchase of Milk, &c.	..	..	..		..	1652	1696
Medical Requisites, &c.	..	..	..		..	47	47
Rent, Rates and Insurance		..	..		..	163	163
Fuel, Light, Water and Cleaning	..	..	..		..	71	71
Telephone	..	..	..		..	9	9
Printing, Stationery and Sundries	..	....			..	19	20
Total Expenditure	..	..	..		..	£2439	£2483
INCOME.							
Sale of Milk, &c.	..	..	..	..	..	2000	2082
Maternity and Child Welfare Account :—							
Proportion of Salary of Manageress	..	..			..	150	150
Proportion of Rent	..	..	..		..	50	50
Total Income	..	..	..		..	£2200	£2282
Net Deficiency	..	..	..	..	..	£239	£201

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